

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 OCT 12 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S 90757**

1. Corporation Name

J.W.L. INC.
~~17~~

300110706763
10/12/07--01009--009 **150.00

REINSTATEMENT
CR2E081 (1/07)

2. Office Address - No P.O. Box #

17290 NE 19TH AVE

3. Mailing Office Address

17290 NE 19TH AVE

City, State, and Zip

Suite, Apt #, etc.

NO. MIAMI BEACH, FL
33162

Country

U.S.

City & State

NO. MIAMI BEACH, FL

Zip

33162

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

10-30-91

5. FEI Number

65-0292887

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

MARTIN ALMAN

Address (P.O. Box Number is Not Acceptable)

17290 NE 19TH AVE

City, State, and Zip

NORTH MIAMI BEACH

State
FL

Zip Code
33162

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, the undersigned, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **10/8/07**

9. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PO	ROCHELLE WAINSTOCK	18410 NE 30 AVE	AVENTURA, FL 33160
SD	BORIS WAINSTOCK	18410 NE 30 AVE	AVENTURA, FL 33160

10. I, the undersigned, that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees due by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **BORIS WAINSTOCK**

Date

10/8/07

Daytime Phone #

305-944-5353

10/15/07