

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 29 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S92213

1. Corporation Name

WM. M. MEYERS, INC.

2. Principal Office Address

9301 NE 6TH AVENUE

Suite, Apt. #, etc.

SUITE C-300

City & State

MIAMI, FLORIDA

Zip

33130

Country

MIAMI-DADE

3. Mailing Office Address

9301 NE 6TH AVENUE

Suite, Apt. #, etc.

SUITE C-300

City & State

MIAMI, FLORIDA

Zip

33130

Country

MIAMI-DADE

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0298370

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

Name

WILLIAM M. MEYERS

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

9301 NE 6H AVENUE

Suite, Apt. #, Etc.

SUITE C-300

City

MIAMI

State

FL

Zip Code

33130

8. I, 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

See below
REGISTERED AGENT MUST SIGN

Date

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	WILLIAM M. MEYERS	9301 NE 6TH AVE, SUITE C-300	MIAMI, FL 33130

10. I certify 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 owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

William M. Meyers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/04
Date

954-457-6405
Daytime Phone #

CR2E081 (01/04)