

2004-2005 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05. MAR 14 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 46127

1. Corporation Name W.P.C.S. Enterprises, Inc.

2. Principal Office Address

1901 S.W. 100th TERRACE

Suite, Apt. #, etc.

Bldg C

City & State

MIAMI, FL.

Zip

33025 Broward

3. Mailing Office Address

1901 S.W. 100th TERRACE

Suite, Apt. #, etc.

Bldg C

City & State

MIAMI, FL.

Zip

33025 Broward

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

6/22/92

5. FEI Number

65-0353828

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

GROVES, Charles H.

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

8340 N.E. 2nd Street

Suite, Apt. #, Etc.

Suite #247

City

Miami

State

FL

Zip Code

33138

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

Date

REGISTERED AGENT MUST SIGN

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
Pst	Smith Winston	2739 Rodman Street	Hollywood FL.
D	Smith Winston	2739 Rodman Street	Hollywood FL.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/04

Date

(954) 431-2300

Daytime Phone #

Maitre d'

February 14, 2005

 COPY

SECRETARY OF STATE
DIVISION OF CORPORATIONS

RE: ANNUAL REPORT FOR W.P.C.S. ENTERPRISES, INC
DOC# V46127
1901 S.W. 100TH TERRACE
BLDG. C
MIRAMAR, FL 33025

ATT: MRS. PATRICIA BAILEY

PER OUR CONVERSATION I AM SENDING THE ANNUAL FEE FOR THE
COMPANY MENTIONED ABOVE. MR. WINSTON SMITH ALWAYS HAD BEEN
FILLED ON TIME AND WAS NOT AWARE OF THE REQUIREMENTS FOR THE
FILING OF THE ABOVE REPORT BECAUSE HIS WIFE WAS IN CHARGE OF
THAT BUT NOW SHE IS FACING A SERIOUS HEALTH PROBLEM. MR SMITH IS
APPRECIATING YOUR HELP IN WAIVING THE PENALTIES.

WE THANK YOU IN ADVANCE FOR YOUR HELP IN THIS MATTER.

850-245-6816

Patricia

850-245-6015

09-14-3665B 10-1999

Bank of America 

Personal
Money Order

No.

642659

3/14/05 DEPOSITS/PAYMENTS DETAIL SCREEN 11:43 AM
DEPOSIT NUMBER : 02/18/05 01056 003 DEPOSIT TYPE : COR
ACCOUNT NUMBER : DEPOSIT AMOUNT : 315.00
USER ID : KWALKER DEPOSIT BALANCE: 0.00
DEBIT MEMO DATE: VOID DATE :
TRACKING NUMBER: 300046877673 DOCUMENT NUMBER: V46127
REQUESTOR : dm # 45722-F replc fee LEDGER DATE : 02/18/05
SUB ACCT NUMBER:

CATEGORY	DESCRIPTION	AMOUNT
ADM	ADMINISTRATIVE FEES	300.00
RTNCK	RETURNED CHECK FEE	15.00

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. OFFICERS, 4. EVENTS

ENTER SELECTION AND CR: