

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V48472

(7)

1. Corporation Name

WOLFBERG ALVAREZ / ADA, INC.

Principal Place of Business

5960 SW 57 AVE.
MIAMI, FL. 33143

Mailing Address

5960 SW 57 AVE.
MIAMI, FL. 33143

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/92

5. FEI Number

65-0394306

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	ALVAREZ, JULIO E.	5960 SW 57 AVE.	MIAMI, FL. 33143
SD	WOLFBERG, DAVID A.	5960 SW 57 AVE.	MIAMI, FL. 33143

6000002383866-1
-12/26/97-01103-020
****915.00 ****915.00

8. Name and Address of Current Registered Agent

ALVAREZ, MARY LOU
890 S. DIXIE HWY.
CORAL GABLES, FL. 33146

9. Name and Address of New Registered Agent

Name Gerhard Schreiber
Street Address (P.O. Box Number is Not Acceptable)
890 So DIXIE HWY
Suite, Apt. #, Etc.

City CORAL GABLES

State FL Zip Code 33146

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

B. G. Schreiber

REGISTERED AGENT MUST SIGN

Date 12-12-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

Date Dec. 5, 1997

Daytime Phone #

FILED

97 DEC 22 AM 10:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

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CR25040 (12/96)