

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

01 DEC 31 PM 12:26

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 549761

1. Corporation Name
Wennin Bros., I, Corp.

2. Principal Office Address
10855 NW 29 St

3. Mailing Office Address
10855 NW 29 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Fl

City & State
Miami, Fl.

Zip Country
33172 Dade

Zip Country
33172 Dade

4. Date Incorporated or Qualified
To Do Business In Florida 5/03/1991

5. FEI Number Applied For
65-0263662 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
Wennin, Rudolf

Street Address (P.O. Box Number Is Not Acceptable)
10855 NW 29 St.

600004769916 4
-01/11/02-01062 004

Suite, Apt. #, Etc.

***758.75 ***758.75

City
Miami

State Zip Code
FL 33172

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 12/27/01

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
P/S	Wennin Rudolf	10855 NW 29 St.	Miami, Fl. 33172

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)(l), 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:

Rudolf Wennin

12/27/01

(305) 599-1910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)