

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
WCA OF CENTRAL FLORIDA, INC.**

Certificate of Status	0
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Page Count	03
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2010 NOV 18 PM 2:42

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F05000005986

1. Corporation Name WCA of Central Florida, Inc.

2. Principal Office Address - No P.O. Box # One Riverway

3. Mailing Office Address One Riverway

Suite, Apt #, etc. Suite 1400

Suite, Apt #, etc. Suite 1400

City & State Houston, TX

City & State Houston, TX

Zip Country 77056 USA

Zip Country 77056 USA

CR26081 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida 10/14/2005

5. FEI Number 20-3753650 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED [] \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32301

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 Matthew Young Asst. V. Pres. Date 11-18-10 REGISTERED AGENT MUST SIGN

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

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Content: See attached

REINSTATEMENT

10. E-mail Address: (To be used for future annual report notification)

11. 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. I further certify, 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] Vice President 11-16-10 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RH

WCA of Central Florida, Inc.

Officers:

One Riverway, Suite 1400, Houston, TX 77056

Tom J. Fatjo, Jr., Chairman

Jerome M. Kruszka, President

Charles A. Casalinova, Vice President

Tom J. Fatjo III, Vice President and Treasurer

Joseph J. Scarano, Vice President

David C. Ewell, Vice President

Michael A. Roy, Vice President and Secretary

Steve Steed, Vice President

Directors:

One Riverway, Suite 1400, Houston, TX 77056

Tom J. Fatjo, Jr.

Jerome M. Kruszka

Tom J. Fatjo, III

RH