

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV 15 AM 11:23

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **F95000003357**

1. Corporation Name

**WAÇO ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

6236 PHILLIPS HIGHWAY  
 JACKSONVILLE FL 32216

6236 PHILLIPS HIGHWAY  
 JACKSONVILLE FL 32216

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

4. Date Incorporated or Qualified To Do Business in Florida

07/13/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

23-2306877

Not Applicable

Zip

Country

Zip

Country

19403

U.S.A

6. CERTIFICATE OF STATUS DESIRED

§8.75 Ad. Internal 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	ROSE, JEFFREY A	2546 GEN. ARMISTEAD AVE.	NORRISTOWN PA 19403
S	ROSE, DIANE	2546 GEN. ARMISTEAD AVE.	NORRISTOWN PA 19403

000003063560--1  
 -12/07/99--01093--018  
 \*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, DAVID  
 6236 PHILLIPS HIGHWAY  
 JACKSONVILLE FL 32217

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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

*[Handwritten Signature]*

**REQUIRED**

Date 10-20-99

REGISTERED AGENT MUST SIGN

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 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:

*[Handwritten Signature]*  
**REQUIRED**

Date 10/20/99 (610)630-4800

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KE**

REINSTATEMENT *gaw*

CR20040 (8/99)