- PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000003357

1. Corporation Name

Principal Place of Business

SIGNATURE:

WACO ASSOCIATES, INC.

Mailing Address

FILED
01 JAN 11 PM 3: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

6236 PHILLIPS HIGHWAY JACKSONVILLE FL 32216	NORRISTOW	-			ATEMENT	11111111111111111111111111111111111111
If above addresses are incorrect in an	y way, line through incorrect in	formation and enter correc	tion below	II CVIII	# 8 EBOCO	
New Principal Office Address, If Applicable New Ma		ling Office Address, If Applicable		 Date Incorporate To Do Busin 	rated or Qualified ess in Florida	07/13/1995
Suite, Apt. #, etc.	Suite, Apt. #,	etc.		5. FEI Number	<u> </u>	Applied For
City & State	City & State		*	o. v Er vambor	23-2386877	Not Applicable
		T Country		6		\$8.75 Additional Fee required
Zip - Country	Zìp	Country		CERTIFICATE	OF STATUS DESIRED	for a Certificate of Status
7. Names and Street Addresses of Ea	ch Officer and/or Director (Flor	rida nonprofit corporations	must list at lea	st 3 directors)		
Title(s) Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director			City / State / Zip	
P ROSE, JEFFREY A	ROSE, JEFFREY A		2546 GEN. ARMISTEAD AVE.		NORRISTOWN PA 19403	
S ROSE, DIANE		2546 GEN. ARMISTEAD AVE.		1.7.	NORRISTOWN PA 19403	
				=	000355 -01/26/01 ****750.0	21988 -01143018 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 10. I, being appointed the redistered agent of the above named comporation, am familiar with standard comporation and familiar with the second component componen			Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Sulte, Apt. #, Etc. Plantation City Plantation Florida FL 33324 Thand accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent 11. I certify that I am an officer or direct this reinstatement application, the rowed by the corporation have been on this application is true and accurate.	REGISTERED To REGISTERED To REGISTERED TO REGISTERED TO REGISTERED TO REGISTER	ASSIS ENT-MUST SIGN npowered to execute this a eliminated, the corporate uals listed on this form do	application as p	e Preside	nt ^{Date}	7.0401, F.S., that all fees