

# 2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F98000003518

Entity Name: WMF AMERICAS, INC.

FILED  
May 30, 2012  
Secretary of State

**Current Principal Place of Business:**

3512 FAITH CHURCH RD  
INDIAN TRAIL, NC 28079

**New Principal Place of Business:**

1881 STATE ROAD 84  
SUITE 101  
FORT LAUDERDALE, FL 33315

**Current Mailing Address:**

3512 FAITH CHURCH RD  
INDIAN TRAIL, NC 28079

**New Mailing Address:**

1881 STATE ROAD 84  
SUITE 101  
FORT LAUDERDALE, FL 33315

FEI Number: 13-1914464

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LLOPIZ, ONIER ESQ.  
1201 BRICKELL AVE.  
FIFTH FLOOR  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LLOPIZ ONIER, ESQ.

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GLUECK, MARKUS  
Address: 1881 SR 84, SUITE 101  
City-St-Zip: FT. LAUDERDALE, FL 33315 US

Title: DIRE  
Name: KLAPPROTH, THORSTEN  
Address: 3512 FAITH CHURCH RD  
City-St-Zip: INDIAN TRAIL, NC 28079

Title: DIRE  
Name: FLOHR, BERND DR  
Address: 3512 FAITH CHURCH RD  
City-St-Zip: INDIAN TRAIL, NC 28079

Title: DIRE  
Name: MUELLER, ULRICH  
Address: 3512 FAITH CHURCH ROAD  
City-St-Zip: INDIAN TRAIL, NC 28079

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARKUS GLUECK

PD

05/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date