

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 9:25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000117154**

1. Corporation Name
WLV ENTERPRISES, INC.

Principal Place of Business Mailing Address
 P O BOX 551439 P O BOX 551439
 ORLANDO FL 32855 ORLANDO FL 32855



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/19/2001	
City & State		City & State		5. FEI Number	
Zip		Country		02-0627080	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional 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
Director	Vital, Will L	2745 MYAKKA DR	ORLANDO, FL 32839

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
VITAL, WILL L		Name	
2745 MYAKKA DR		Street Address (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32839		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. or 617.0505, F.S.

Signature of Registered Agent **SIGNATURE REQUIRED** Date 10/25/02
 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: **SIGNATURE REQUIRED** 10/25/02 (407) 421-6801
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (407) 399-7672

CR2E040 (8/02)

10/25/02

RE: W L Y Enterprises Inc

TO WHOM IT MAY CONCERN

I filed my uniform Business Report for Year of 2002,
And Rejected for Correction on June.

I made Correction necessary then send it back in
BY Certify mail 5 days after I mailed the application
I called the Department to make sure they receive it,
Week after I received my Return Receipt.

Respectfully Submitted

Will L Yital
Register Agent.