

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 14 PM 3:58

DOCUMENT # **N50212**

1. Corporation Name

**Wiccart Religious Cooperative of
Florida, Inc.**

2. Principal Office Address

3208-C E. Hwy 50

Suite, Apt. #, etc.

Suite 202

City & State

Orlando, FL

Zip

32803

Country

USA

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

00

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/14/92

5. FEI Number

59-3135173

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Heather Morcroft

Street Address (P.O. Box Number is Not Acceptable)

228 Park Avenue North

Suite, Apt. #, Etc.

Suite B

City

Winter Park

000003508780-8

-12/20/00-01053-005

*****235.25 ***235.25**

State

FL

Zip Code

32789

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

Heather Morcroft

REGISTERED AGENT MUST SIGN

Date

12/5/00

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Richard Rogers	3208-C East Hwy 50, #202	Orlando, FL 32803
VP	Paxton Robinson	"	"
S/Treas	Shawna Dollinger	"	"
DBM	Lorra Rogers	"	"
DBM	Kelli Vandergrift	"	"
DBM	Heather Morcroft	"	" AD

10. 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:

Heather Morcroft

HEATHER MORCROFT

Date

12/14/2000

Daytime Phone #

407-534-1140

CR2E081 (9/99)