

**2016 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P95000067234

**Entity Name:** WAF-MESA, INC.

**Current Principal Place of Business:**

639 JOHN ANDERSON DR.  
ORMOND BEACH, FL 32176

**Current Mailing Address:**

7563 PHILIPS HIGHWAY  
BLDG 300, STE 303  
JACKSONVILLE, FL 32256 US

**FEI Number:** 59-3334485

**Certificate of Status Desired:** No

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

LEFFLER & YAMANI, LLP  
7563 PHILIPS HIGHWAY  
BLDG 300, STE 303  
JACKSONVILLE, FL 32256 US

*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:** CARLEEN ASHBY LEFFLER

05/01/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name FINK, WESLEY A  
Address 639 JOHN ANDERSON DR  
City-State-Zip: ORMOND BEACH FL 32176

Title VP  
Name FINK, PATRICIA  
Address 639 JOHN ANDERSON DR  
City-State-Zip: ORMOND BEACH FL 32176

Title DIRECTOR  
Name LEFFLER, CARLEEN ASHBY  
Address 5006 KEY LIME DRIVE UNIT 204  
City-State-Zip: JACKSONVILLE FL 32256

*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:** CARLEEN ASHBY LEFFLER

**DIRECTOR**

05/01/2016

Electronic Signature of Signing Officer/Director Detail

Date