

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2023 MAR 30 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # 290512

1. Corporation Name

W-INVESTMENT COMPANY

2. Principal Office Address - No P.O. Box #

7901 4TH STREET

3. Mailing Office Address

4516 LOVERS LANE

Suite, Apt. #, etc

SUITE 12131

Suite, Apt. #, etc

SUITE 307

City & State

ST. PETERSBURG, FL

City & State

DALLAS, TX

Zip

33702

Country

USA

Zip

75225

Country

USA

CR2E081 (11/10)

4. Date incorporated or Qualified
To Do Business in Florida

01-APR-1965

5. FEI Number

59-1061438

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

NORTHWEST REGISTERED AGENT LLC

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

7901 4TH STREET N

Suite, Apt. #, Etc

SUITE 300

City

ST. PETERSBURG

State

FL

Zip Code

33702

***CERTIFICATE OF STATUS REQUESTED
TO BE SENT TO:

HOLLIDAY@WILLIAMHOLLIDAYATTORNEY.COM

1976-23 Reinstated
DC03/31/23

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

/s/ Miranda Watson

Date

06-MAR-2023

REGISTERED AGENT MUST SIGN

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
PD	LEE WARREN	7901 4TH STREET, SUITE 12131	ST. PETERSBURG, FL 33702
VD	SHAWNA WARREN	7901 4TH STREET, SUITE 12131	ST. PETERSBURG, FL 33702
SD	LEE WARREN	7901 4TH STREET, SUITE 12131	ST. PETERSBURG, FL 33702

10. E-mail Address: HOLLIDAY@WILLIAMHOLLIDAYATTORNEY.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155 F.S.

SIGNATURE:

/s/ Lee Warren

03-MAR-2023

(214) 686-6381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #