

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 558826

1. Corporation Name

W. V. P., INC.

FILED
05 JAN 13 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

3476 M.K. King

Suite, Apt. #, etc.

City & State

Fort Myers

Zip

33916

Country

U.S.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FLORIDA

Zip

Country

REINSTATEMENT 50-04

4. Date Incorporated or Qualified
To Do Business in Florida

4/14/75

5. FEI Number

59-1861168

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

William V. Pierce

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

1370 Brookhill Dr.

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33916

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

William V. Pierce

REGISTERED AGENT MUST SIGN

Date 1-10-2005

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.	William V. Pierce	1370 Brookhill Dr.	Fort Myers, FL 33916

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:

William V. Pierce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2005 239-334-8981

Date

Daytime Phone #

CFR2E081 (01/04)