

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2012 FEB 10 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500221516385
02/13/12--01001--014 **1058.75

CR2E081 (11/10)

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 566154

1 Corporation Name

W T G, INC

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

6001 N OCEAN DR

Suite, Apt. #, etc.

703

City & State

HOLLYWOOD FLORIDA

Zip

33019

Country

USA

3. Mailing Office Address

6001 N OCEAN DR

Suite, Apt. #, etc.

703

City & State

HOLLYWOOD FLORIDA

Zip

33019

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/13/1978

5. FEI Number

591802383

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WAYNE ABBOTT

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

421 ISLE OF CAPRI DR

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33301

REINSTATEMENT

10-12

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

Wayne Abbott

Date

2/2/2012

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
P	MYRIAM ABBOTT	6001 N OCEAN DRIVE 703 - HOLLYWOOD FL	33019
VTS	WAYNE ABBOTT	421 ISLE OF CAPRI	FT. LAUDERDALE FL 33301

10. E-mail Address: WAYNE.ABBOTT@MAC.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:

Wayne Abbott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/2012

Date

Daytime Phone #

954 5576220

Williams FEB 10 2012