

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

00 JUL 20 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 577054

1. Corporation Name

Widco, Inc.

2. Principal Office Address

1809 South Division Avenue

Suite, Apt. #, etc.

Suite A

City & State

Orlando, Florida

Zip
32805

Country
U.S.A.

3. Mailing Office Address

1809 South Division Avenue

Suite, Apt. #, etc.

Suite A

City & State

Orlando, Florida

Zip
32805

Country
U.S.A.

REINSTATEMENT

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

June 27, 1978

5. FEI Number

59-1839530

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 P. Weatherford, Jr., Esq.

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

1031 W. Morse Blvd.

Suite, Apt. #, Etc.

Suite 105

City

Winter Park

State
FL

Zip Code
32789

300003343703-6
-08/02/00--01045--007
***2746.25 ***2746.25

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 P. Weatherford, Jr. **REGISTERED AGENT MUST SIGN**

Date **July 7, 2000**

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	Curt L. Batchelder	1809 S. Division Ave., # A	Orlando, FL 32805
VSTD	Sheryl A. Batchelder	1809 S. Division Aven., #A	Orlando, FL 32805

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-11-00

467-423-7575

KE