

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 16 PH 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 724314

1. Corporation Name

WPIO, INC.

Principal Place of Business

505 JOSEPHINE STREET  
TITUSVILLE FL 32796  
US

Mailing Address

505 JOSEPHINE STREET  
TITUSVILLE FL 32796  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/11/1972

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	HENRY, RANDY	110 LA GRANGE AVE.	TITUSVILLE FL
STD	HENRY, CAROL	110 LA GRANGE AVE.	TITUSVILLE FL
VD	SHETLER, HARRY A	2834 WANDA DR	TITUSVILLE FL
D	EVANS, BETTY B	4317 LANTERN DR	TITUSVILLE FL
D	TALLEY, DAVID L	8344 YANCEY STREET	PENSACOLA FL

8. Name and Address of Current Registered Agent

HENRY, RANDY  
110 LA GRANGE AVE  
TITUSVILLE FL 32796

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

700003458007-3

11/09/00-01016-006-3

\*\*\*236.25

State FL Zip 3236.25

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-13-00

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., 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-00

Date

Daytime Phone #