

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 17 PM 1:52

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 836418

1. Corporation Name

W.F.R., Inc.

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

5851 PANKAN Rd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 605

Suite, Apt. #, etc.

City & State

Zellwood, FL

Zip

32798

Country

USA

City & State

Zellwood, FL

Zip

32798

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/26/76

5. FEI Number

74-1088704

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

Stella R. Rogers

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

5027 GREENBRIAR DR

Suite, Apt. #, Etc.

City

Mt. Dora

State

FL

Zip Code

32757

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

X Stella R. Rogers

REGISTERED AGENT MUST SIGN

Date

9/2/08

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 | Stella R Rogers | 5027 GREENBRIAR DR | Mt. Dora, FL 32757 |
| EV | Leticia R Green | 142 MEADOW PARK DR | Altamonte Spgs, FL 32701 |
| | | | |
| | | | |
| | | | |
| | | | |

200135373753
09/04/08--01038--016 **1050.00

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 contained in Chapter 119, 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:

X Stella R. Rogers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/08

Date

407-889-2551

Daytime Phone #