

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVAL
AND
FILED

03 OCT 24 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000003876

1. Corporation Name

WPW STORAGE, INC.

Principal Place of Business

Mailing Address

C5 VILLAGE @ WEXFORD
HILTON HEAD ISLAND SC 29938

P.O. BOX 7019
HILTON HEAD ISLAND SC 29938

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

8500 W. McNab Rd.
Suite, Apt. #, etc.

P.O. Box 7019
Suite, Apt. #, etc.

City & State
N. Lauderdale FL

City & State
Hilton Head, SC

Zip 33068 Country USA

Zip 29938-7019 Country USA

REINSTATEMENT 2003

600024070096
10/27/03--01016--01 **758.75

4. Date Incorporated or Qualified
To Do Business in Florida

07/11/2000

5. FEI Number

57-0957073

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
P	WILSON, JEFFREY T	1091 LIGHTHOUSE II	HILTON HEAD SC 29928
J	WILSON, JEFF	1091 LIGHTHOUSE II	HILTON HEAD SC 29928
VC	PERRY, CHRIS	55 BRAMS POINT	HILTON HEAD SC 29926
DT	WYNNE, ARTHUR W JR. SANDRA J.	90 CARRIAGE HOUSE ROAD	BERNARDSVILLE NJ 07924

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DOODY, DONALD J
3099 EAST COMMERCIAL BLVD., SUITE 200
FORT LAUDERDALE FL 33308

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Donald J. Doody
REGISTERED AGENT MUST SIGN

Date

Oct 27, 2003

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03 8437858875
Date Daytime Phone #

CR2E040 (7/03)