

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 SEP 14 PM 6:23

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # F01000003221

1. Corporation Name

WEGCO, INCORPORATED

2. Principal Office Address

4709 Montgomery Lane

Suite, Apt. #, etc.

City & State

Bethesda, MD

Zip

20814

Country

USA

3. Mailing Office Address

4745 Pinetree Drive

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33140-3136

Country

USA

REINSTATEMENT 02-05
CR22081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

6/12/2001

5. FEI Number

52-1860959

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Judith B. Argao
Asst. Secretary & V. President

REGISTERED AGENT MUST SIGN

Date

9/9/05

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/C	James R. Wieger	4745 Pinetree Drive	Miami, FL 33140-3136

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:

James R. Wieger, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

September 8, 2005

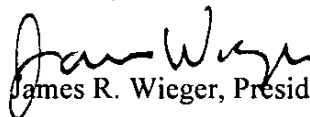
Florida Department of State
Division of Corporations
409 East Gains Street
Tallahassee, Florida 32399

*Re: Wegco, Incorporated
Document No. F01000003221
Waiver*

Dear Sir or Madam:

This letter constitutes a request for waiver of the fees in connection with the reinstatement of Wegco, Incorporated. The referenced corporation never received any notice of the annual report in 2002 at its mailing address on record with the Florida Department of State Division of Corporations and as such is requesting a waiver of the fees associated with this reinstatement.

Sincerely,


James R. Wieger, President