
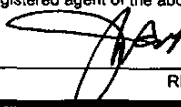



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F01000003221			
1. Corporation Name WEGCO, INCORPORATED <div style="text-align: right;">W08-14656</div>			
2. Principal Office Address - No P.O. Box # 5185 North Bay Road Suite, Apt. #, etc.		3. Mailing Office Address 5185 North Bay Road Suite, Apt. #, etc.	
City & State Miami Beach, Florida		City & State Miami Beach, Florida	
Zip 33140	Country USA	Zip 33140	Country USA
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 6/4/08	
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
P/C	James R. Wieger	5185 North Bay Road	Miami Beach, FL 33140
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: 		James R. Wieger	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 6/4/08	Daytime Phone # 305-725-3228

FILED
08 JUN -5 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-08
03-17-08 01045 014 \$450.00

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**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

Mu/5