

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

08 FEB 11 AM 10:44

DOCUMENT # F04000003975

1. Corporation Name

Wampanoag, Inc.

**700117850717
02/12/08--01025--010 **750.00**

CR2E081 (12/07)

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

460 W. 5th Street

Suite, Apt. #, etc.

City & State

San Pedro, CA

Zip

90731

Country

USA

3. Mailing Office Address

460 W. 5th Street

Suite, Apt. #, etc.

City & State

San Pedro, CA

Zip

90731

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/11/2005

5. FEI Number

33-0801028

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

Susanne DeJager

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

215 SE First Circle

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33435

☐ 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.

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**

Susanne S. DeJager
REGISTERED AGENT MUST SIGN

Date **2/5/08**

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
Partner	Robert T. Wolfenden	460 W. 5th Street	San Pedro, CA 90731
Partne	Gay Snyder	460 W. 5th Street	San Pedro, CA 90731

B. 2/13/08

REINSTATEMENT 05-08

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:

Robert T. Wolfenden

Robert T. Wolfenden

2/6/08

310-548-5038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #