

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JAN 25 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F89787

1. Corporation Name

WARECO, INC.

Principal Place of Business

Mailing Address

~~28050 US HWY 19 N~~

~~28050 US HWY 19 N~~

~~SUITE 200~~

~~SUITE 200~~

CLEARWATER FL 34621

CLEARWATER FL 34621

US

US

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

326 N. BELCHER RD

1877 MARIA CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CLEARWATER FL

DUNEDIN FL

Zip 33765

Country PINELLAS

Zip 34698

Country PINELLAS

4. Date Incorporated or Qualified  
To Do Business in Florida

07/01/1982

5. FEI Number

59-2213335

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	WARE, RICHARD L.	422 DEERHAVEN LN	HENDERSONVILLE NC 28791
SD	WARE, CARROLL L.	422 DEERHAVEN LN	HENDERSONVILLE NC 28791
D	<del>WUCC, CHRISTINA D</del> SMOOT	422 DEERHAVEN LN	HENDERSONVILLE NC 28791
D	SKELTON, ROY C.	<del>28050 US HWY 19 N, SUITE 200</del> 326 N. BELCHER RD	CLEARWATER FL <del>34621</del> 33765
			300003119093-4 -02/01/00-01107-022 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

SKELTON, ROY C.  
~~28050 US HWY 19 N~~  
~~SUITE 200~~  
CLEARWATER FL 34621

9. Name and Address of New Registered Agent

Name

Roy-C. Skelton

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

326 N. Belcher Road

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33765

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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

828 890 1212

727 791 8810

Date

Daytime Phone #