

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *OFFICE 10/22*

APPLICATION FOR REINSTATEMENT



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

FILED
00 JUN -7 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G33794**
1. Corporation Name
WPM, INC.

Principal Place of Business Mailing Address
5638 SW 25TH STREET HOLLYWOOD FL 33023
W P M INC 3610 OTTAWA LANE COOPER CITY FL 33026 US



2. New Principal Office Address, if Applicable
Suite, Apt., etc.
City & State
Zip Country

3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida. **04/19/1983**
5. FEI Number **59-2288268** 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	LANGEL, EDWIN	5638 SW 25TH ST.	HOLLYWOOD FL
			400003298994--5 -06/21/00--01055--017 ***150.00 ***150.00
			400003298994--5 -06/21/00--01055--018 ***150.00 ***150.00
			99-00 UBR TS

8. Name and Address of Current Registered Agent
LANGEL, MICHELLE
3610 OTTAWA LANE
COOPER CITY FL 33026

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 REQUIRED *11/17/2000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (08/9)

10990 LKL

WPM, INC.
3610 OTTAWA LANE
COOPER CITY, FL 33026

April 25, 2000

Florida Dept. of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

re: WPM, INC.
#G33794
Reinstatement for 1999

Dear Sir:

I am writing as a follow-up to my phone conversation earlier this year. I spoke with someone in your department regarding the reinstatement for the above referenced corporation. In 1999, I was taking care of my father who was extremely ill, and I had to devote much of my time to caring for him. He subsequently passed away during the year. Last year I paid the 1999 Annual Report on time; evidently the check was lost and during the ensuing months, I was not aware that the check had not cleared. Only when I was looking for the 2000 Annual Report, which I receive in January, did I realize that the 1999 report was not received and the corporation was dissolved. I have always filed my Annual Reports on time. When I spoke a woman from your department earlier this year, she said that due to the circumstances involved, they would accept the 1999 Annual Report without the additional reinstatement fee.

Thank you in advance for your help with this matter. I appreciate it very much; I am also enclosing the 2000 Uniform Business Report using a blank form.

Sincerely,



EDWIN LANGEL