

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC -7 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G-33794
1. Corporation Name
W.P.M. Dist Inc.

| | | | |
|---|---------------------------|---|---------------------------|
| 2. Principal Office Address <u>2490 Bay Isle Dr</u> Suite, Apt. #, etc. | | 3. Mailing Office Address <u>2490 Bay Isle Dr</u> Suite, Apt. #, etc. | |
| City & State <u>Weston FL</u> | | City & State <u>Weston FL</u> | |
| Zip <u>33327</u> | Country <u>Broward</u> | Zip <u>33327</u> | Country <u>Broward</u> |

03-05
CR2E081 (8/05)

| | |
|--|----------------|
| 4. Date Incorporated or Qualified To Do Business in Florida <u>1987</u> | Applied For |
| 5. FEI Number <u>59-22 88268</u> | Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

7. Name and Address of Current Registered Agent

Name Michelle Langel
Street Address (P.O. Box Number is Not Acceptable)
2490 Bay Isle Dr
Suite, Apt. #, Etc.
City Weston State FL Zip Code 33327

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 Michelle Langel Date 12/03/05
REGISTERED AGENT MUST SIGN

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 |
|-------------|-----------------------------------|--|-------------------------|
| <u>Pres</u> | <u>Michelle Langel</u> | <u>2490 Bay Isle Dr</u> | <u>Weston, FL 33327</u> |
| | | | |
| | | | |

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12/08/05--01035--009 **450.00

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)(f), 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: Michelle Langel 12/03/05 954-385-0196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

To whom it may concern,

I never received the
corporation papers because
I moved and it never
was forwarded to my new
address.

I thank you for
being so helpful
with my reinstatement
of my corporation.

Thank you very much,
Michelle Langel