


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 29 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H50017

1. Corporation Name

WAY DAY INC

REINSTATEMENT 93-04

400034549864
04/29/04--01017--005 **2408.75

2. Principal Office Address

705 E. 128TH Ave

3. Mailing Office Address

705 E. 128TH Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4-2-85

5. FEI Number

592-512-596

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

BARBARA L. BOUCHARD

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

705 E 128TH AVE

Suite, Apt. #, Etc.

City

TAMPA FL

State
FL

Zip Code

33612

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

Barbara L Bouchard

REGISTERED AGENT MUST SIGN

Date

4-26-2004

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
PRES.	<u>BARBARA L. BOUCHARD</u>	<u>705 E 128TH AVE</u>	<u>TAMPA FL 33612</u>
V. Pres	<u>JOSEPH G. BOUCHARD</u>	<u>705 E 128TH AVE</u>	<u>TAMPA FL 33612</u>
SECR	<u>JOSEPH G. BOUCHARD</u>	<u>705 E 128TH AVE</u>	<u>TAMPA FL 33612</u>

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)(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:

Barbara L Bouchard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-26-2004 813 971-3520

Daytime Phone #

CH25081 (01/04)