

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J35415

1. Corporation Name

WTLH, INC.

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

364 N.E. ELM TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME 364 NE. ELM TER

Suite, Apt. #, etc.

City & State

JENSEN BEACH FL.

Zip

34957

Country

USA

City & State

JENSEN BEACH, FL.

Zip

34957

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2774146

☐ 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

LANSAT, PAUL

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

364 N.E. ELM TERRACE

Suite, Apt. #, Etc.

City

JENSEN BEACH

State

FL

Zip Code

34957

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

Paul Lansat

PRESIDENT

Date 12/22/11

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
CEO	PAUL LANSAT	364 N.E. ELM TERRACE	JENSEN BEACH FL. 34957
SEC STD	RENEE LANSAT	364 N.E. ELM TERRACE	JENSEN BEACH FL. 34957

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Paul Lansat

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/11

Date

Daytime Phone #

2009 750.00
2010 150.00
2011 150.00
2012 150.00
2012 JAN -3 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200215581902
12/28/11--01027--009 **1200.00

CR2E081 (11/10)

REINSTATEMENT 09-12

12/23/12