

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K21095

1. Corporation Name

WCMi, INC.

Principal Place of Business

3916 N. TAMiami TRAIL
SARASOTA FL 34234

Mailing Address

3916 N. TAMiami TRAIL
SARASOTA FL 34234

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

2719 NASSAU ST.

Suite, Apt. #, etc.

SARASOTA FLORIDA

City & State

Zip

34231

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/14/1988

5. FEI Number

65-0050451

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	OLIN, F MARIA	3916 N. TAMiami TRAIL <u>2719 NASSAU ST.</u>	SARASOTA FL <u>34231</u>
D	OLIN, RANDALL C	3916 N. TAMiami TRAIL <u>2719 NASSAU ST.</u>	SARASOTA FL <u>34231</u>
			400002349954-0 -11/18/97-01018-013 ****750.00 ****750.00
			REINSTATEMENT 97 11/18/97

8. Name and Address of Current Registered Agent

**WEBB, CHARLES W.
2172 HILLVIEW ST
SARASOTA FL 34239**

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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

REGISTERED AGENT MUST SIGN

Date **10-7-97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

F. Maria Olin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/97
Date

941-922-7405
Daytime Phone #