

*PAC/DR*

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JAN 24 PM 2:54

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # K50538**  
1. Corporation Name  
**WPI FLORIDA, INC.**

600116020796

CR2E081 (12/07)

<b>2. Principal Office Address - No P.O. Box #</b> 1629 K Street NW Suite, Apt. #, etc. Suite 1200 City & State Washington, DC Zip 20006		<b>Country</b> USA		<b>3. Mailing Office Address</b> 639 E. Ocean Avenue Suite, Apt. #, etc. Suite 406 City & State Boynton Beach, FL Zip 33435		<b>Country</b> USA	
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<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 12/12/1988	
<b>5. FEI Number</b> 521603315	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

**7. Name and Address of Current Registered Agent**

Name  
**NRAI SERVICES, INC.**

Street Address (P.O. Box Number is Not Acceptable)  
**2731 Executive Park Drive**

Suite, Apt. #, Etc.  
**Suite 4**

City <b>Weston</b>	State <b>FL</b>	Zip Code <b>33331</b>
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The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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: *Sharon K. Gray* Date 1-22-08  
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
DPT	F. Davis Camalier	1629 K Street NW, Suite 1200	Washington, DC 20036

**REINSTATEMENT** 07-08 *B 1/24/08*

**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 contained in Chapter 119, 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. Davis Camalier* Date 1-18-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

*Agent*

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662, TALLAHASSEE, FL 32302  
155 OFFICE PLAZA DRIVE, SUITE A, TALLAHASSEE, FL 32301  
PHONE: (850) 216-0457 / FAX: (850) 216-0460**

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**DATE: 1/24/2008**

**NAME: WPI FLORIDA, INC**

**TYPE OF FILING: REINSTATEMENT**

**COST: \$300 + \$8.75= \$308.75**

**RETURN: CERTIFIED COPY**

RECEIVED  
08 JAN 24 PM 12:52  
ATLANTA  
FACILITY

**ACCOUNT: FCA000000015**

**AUTHORIZATION: PAUL / ABBIE HODGE**



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