

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K72759

Corporation Name

WTP Enterprises INC

Principal Office Address - No P.O. Box #

766 GRAN PASEO DR

Apt. #, etc.

3. Mailing Office Address

766 GRAN PASEO DR

Suite, Apt. #, etc.

State

Orlando, FL

City & State

Orlando, FL

Country

32825 USA

Zip

32825

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/1989

5. FEI Number

59-2975132

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

Robert Schwier

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

766 GRAN PASEO DR

Apt. #, Etc.

Orlando

State
FL

Zip Code
32825

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

Robert Schwier

REGISTERED AGENT MUST SIGN

Date 10/16/2020

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pamela Schwier	766 GRAN PASEO DR	Orlando, FL 32820
Robert Schwier	766 GRAN PASEO DR	Orlando, FL 32825
Robert Schwier	766 GRAN PASEO DR	Orlando, FL 32825

REINSTATEMENT

2016-2020

Email Address: Tiffhea@cal.com

(To be used for future annual report notification)

I, 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 due 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 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: Robert Schwier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/2020 407-273-8464

Date

Daytime Phone #