PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JAN 10 PM 2:32

DOCUMENT # L31576

1. Corporation Name
WILCHAR, INC.

REINSTATEMENT 99-05

2. Principal Office Address	3. Mailing Office Address
710 E. LAKE DR.	710 E LAKE DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TARPON SPRINGS, FL	City & State: TARPON SPRINGS FL
Zip: 34689 Country: USA	Zip: 34689 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 11/22/89

5. FEI Number 59-2985677 ☐ 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: WILLIAM M. PARKER

Street Address (P.O. Box Number is Not Acceptable): 710 E LAKE DR

Suite, Apt. #, Etc.:

City: TARPON SPRINGS State: FL Zip Code: 34689

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: [signature] Date: 1-6-05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
PVS	WILLIAM M. PARKER	710 E LAKE DR	TARPON SPRINGS FL 34689
		400044407944 01/10/05--01033--010 **1650.00	

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: [signature] 1-6-05 813-855-7013 727-937-4007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #