

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

09 FEB -2 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |  |
|---|--|
| <b>DOCUMENT # N00000007771</b><br>1. Entity Name<br><b>WECAM FOUNDATION, INC.</b> |  |
|---|--|

|   |   |
|---|---|
| Principal Place of Business<br>3047 HEROLD DRIVE<br>ORLANDO, FL 32805 | Mailing Address<br>3047 HEROLD DRIVE<br>ORLANDO, FL 32805 |
|---|---|



|  |   |
|--|---|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|--|---|

01252009 REIN-NP      CR2E099 (1/07)

|                         |                         |
|-------------------------|-------------------------|
| City & State<br><br>Zip | City & State<br><br>Zip |
|-------------------------|-------------------------|

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|-----------------------------|--|
| 4. FEI Number<br>31-1726257 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br>AL-AMIN, WALI<br>3047 HEROLD DRIVE<br>ORLANDO, FL 32805 | <b>7. Name and Address of New Registered Agent</b><br>Name <u>Mr. Wali Al-Amin</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>1310 22ND Street</u><br>City <u>ORLANDO</u> FL      Zip Code <u>32805</u> |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mr. Wali Al-Amin      DATE 1-25-09

Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

|                                    |  |  |
|------------------------------------|--|--|
| <b>FILE NOW!!! FEE IS \$122.50</b> | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | <b>Make check payable to<br/>Florida Department of State</b> |
|------------------------------------|--|--|

| 10.  | OFFICERS AND DIRECTORS   |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>AL-AMIN, WALI<br>3047 HEROLD DRIVE<br>ORLANDO, FL 32805     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>TAYLOR, EMILY<br>5093 SEEBALT<br>DETROIT, MI 48204          | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>TAYLOR, CECILY<br>5093 SEEBALT<br>DETROIT, MI 48204         | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>RORA, MARTHA<br>4135 LENOX BOULEVARD<br>ORLANDO, FL 32805   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>NICHOLSON, LYNN S<br>36 N TERRY AVENUE<br>ORLANDO, FL 32805 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

| 11.  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><div style="font-size: 18pt; font-weight: bold; text-align: center;">200142591602</div> 02/02/09--01/05--002    **\$1.25 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>12/30/08 01034<br>006 7003   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

REINSTATEMENT

RH

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mr. Wali Al-Amin      DATE: 1-25-09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

1-25-09

Weeam Foundation, Inc  
P.O. Box 1949  
Orlando, Florida 32805

Florida Department of State  
Division of Corporations  
Annual Report Section  
P.O. Box 6850  
Tallahassee, FL 32314

Dear Sir,

We have already paid \$70.00 for Annual Report for 12-30-08-01034-006 (100139356051). also please find enclosed money order of \$61.25 for reinstatement for Weeam Foundation, Inc. dated 1-25-09 to be active. My phone number is 407-704-3605 or fax: 407-704-5613. I hope you find everything in order. Thank you

Regards,

Mr. Zaki Al-Amer