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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000004398

1. Corporation Name

WINGS OF COMPASSION INTERNATIONAL, INC.

REINSTATEMENT 04-06

2. Principal Office Address		3. Mailing Office Address	
1543 Mariner Rd.		1543 Mariner Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Lakeland FL		City & State: Lakeland FL	
Zip: 33803	Country: US	Zip: 33803	Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 05/16/2003

5. FEI Number: 90-0085211 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Anton Labuschagne

Street Address (P.O. Box Number is Not Acceptable): 1543 Mariner Rd.

Suite, Apt. #, Etc.:

City: Lakeland | State: FL | Zip Code: 33803

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: _____ Date: 12/15/2005

REGISTERED AGENT MUST SIGN

CR2E031 (8/01)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D, P	Anton Labuschagne	1543 Mariner Rd.	Lakeland, FL 33803
D, VP	Anita Labuschagne	1543 Mariner Rd.	Lakeland, FL 33803
D, S,T	Raymond Cotton	1543 Mariner Rd.	Lakeland, FL 33803

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: _____ Anti 01/15/06

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

H06000063460 3

H06000063460 3

DATE: 01-15-2006

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: **WINGS OF COMPASSION INTERNATIONAL, INC.**

Anton Labuschagne

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT FOR 2004 & 2005.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 863-944-1898.

THANKS,

WINGS OF COMPASSION INTERNATIONAL, INC.

Anton Labuschagne

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ATN
GARY

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

CORPORATION REINSTATEMENT

WINGS OF COMPASSION INTERNATIONAL, INC.

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