

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <b>Not000006228</b>		
1. Corporation Name <b>WP Foundation, Inc.</b>		

2. Principal Office Address - No P.O. Box # <b>10646 Cherry oak, FL</b>		3. Mailing Office Address <b>10646 Cherry oak, FL</b>	
Suite, Apt. #, etc. <b>Orlando FL 32817</b>		Suite, Apt. #, etc. <b>Orlando, FL</b>	
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>	
Zip <b>32817</b>	Country <b>US</b>	Zip <b>32817</b>	Country <b>US</b>

7. Name and Address of Current Registered Agent			
Name <b>Wanda I. Perez</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>10646 Cherry oak, FL</b>			
Suite, Apt. #, Etc. <b>32817</b>			
City <b>Orlando</b>		State <b>FL</b>	Zip Code

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 <i>W. Perez</i>		Date <b>OCT-3-2007</b>	
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
D	<b>Wanda I. Perez</b>	<b>10646 Cherry oak, FL</b>	<b>Orlando FL 32817</b>
D	<b>Martin Vargas</b>	<b>10646 Cherry oak, FL</b>	<b>Orlando FL 32817</b>
D	<b>Wanda L. Vargas</b>	<b>10646 Cherry oak, FL</b>	<b>Orlando FL 32817</b>
	<i>10/16</i>		

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: <i>W. Perez</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>10-3-2007</b>	Daytime Phone # <b>407-924-1831</b>
----------------------------	--	--------------------------	--

FILED  
07 OCT 15 PM 3:18

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

900111362329  
10/25/07--01049--013 \*\*189.75

**REINSTATEMENT 05-07**  
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida	<b>June 23-2004</b>
5. FEI Number <b>20-1293108</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

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.