

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
07 OCT 15 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NO4000006228

1. Corporation Name

WP Foundation, Inc.

900111362329  
10/25/07--01049--013 \*\*183.75

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

2. Principal Office Address - No P.O. Box #

10646 Cherry Oak Cr

Suite, Apt. #, etc.

Orlando FL 32817

City & State

Zip

Country

US

3. Mailing Office Address

10646 Cherry Oak Cr

Suite, Apt. #, etc.

Orlando, FL

City & State

Zip

Country

32817

US

4. Date Incorporated or Qualified  
To Do Business in Florida

June 23-2004

5. FEI Number

20-1293108

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

Wanda I. Perez

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

10646 Cherry Oak Cr.

Suite, Apt. #, Etc.

32817

City

Orlando

State  
**FL**

Zip Code

☒ 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.

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

W. Perez  
REGISTERED AGENT MUST SIGN

Date OCT- 3-2007

**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	Wanda I. Perez	10646 Cherry Oak Cr	Orlando FL 32817
D	Martin Vargas	10646 Cherry Oak Cr.	Orlando FL 32817
D	Wanda L. Vargas	10646 Cherry Oak Cr.	Orlando FL 32817

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:

W. Perez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-3-2007

Date

407-924-1831

Daytime Phone #