Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
WHAT WE COULD BE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$297.50

RH

04/15/2010 16:38 FAX 8132092125 WHAT WE COULD BE INC 003/003

FILED
10 APR 22 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000010117

1. Corporation Name

WHAT WE COULD BE, INC.

2. Principal Office Address - No P.O. Box #
2716 North Jefferson St.
Suite, Apt. #, etc.

City & State
Tampa, FL

Zip: 33602 Country: US

3. Mailing Office Address
P.O. BOX 172386
Suite, Apt. #, etc.

City & State
TAMPA, FL.

Zip: 33672 Country: Hills

OR2E001 (11/00)

4. Date Incorporated or Qualified To Do Business In Florida 03/19/2004

5. FEI Number 510501471 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee is required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

☐ 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, will furnish will and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Troy Todd as its agent
REGISTERED AGENT MUST SIGN

Date: 4/22/10

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
Pres.	Jeannette Brawley	2716 N. Jefferson St	Tampa, FL 33602
Office Mgr.	Jean Patterson	2716 N. Jefferson St.	Tampa, FL 33602

RH

REINSTATEMENT

10. E-mail Address: WhatWeCouldBe@Tampabay.rr.com
(To be used for future annual report notification)

11. 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. I further certify, 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: 4/14/2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #