PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 29 AM 8:00

REINSTATEMENT 02-04

600031351126
03/29/04--01084--006 **1050.00

DOCUMENT # P00000020023

1. Corporation Name
WTFS, Inc.

2. Principal Office Address	3. Mailing Office Address
1201 W. Hwy. 50	1201 W. Hwy. 50
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clermont, FL 34711	City & State: Clermont, FL 34711
Zip: 34711 Country: USA	Zip: 34711 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 593631117 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ (SEE #12 Additional Fee required for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name: E. C. Langford

Street Address (P.O. Box Number is Not Acceptable): 1715 West Cleveland Street

Suite, Apt. #, Etc.:

City: Tampa State: FL Zip Code: 33606

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: March 22, 2004
REGISTERED AGENT MUST SIGN

CR2E036 (01/04)

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
P/D	Mack Smith	600 Partridge Court	Marco Island, FL 34145
S/D	Linda Smith	600 Partridge Court	Marco Island, FL 34145

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: _____ 3/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Mack Smith, President — (910) 874-1625
Title — Daytime Phone #