

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000058461

1. Corporation Name

WC Services INC.

2. Principal Office Address

922 N. LAKEWOOD TER.

Suite, Apt. #, etc.

3. Mailing Office Address

922 N. LAKEWOOD TER.

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL

Zip

32127

Country

USA

City & State

PORT ORANGE, FL

Zip

32127

Country

USA

REINSTATEMENT

0206

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

651017804

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

DANIEL CUCU

900082861729

12/29/06--01028--019 **1350.00

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

922 N. LAKEWOOD TERRACE

Suite, Apt. #, Etc.

City

PORT ORANGE

State

FL

Zip Code

32127

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

REGISTERED AGENT MUST SIGN

Date 12/28/2006

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 |
|--------|--------------------------------------|---|----------------------|
| PSD | DANIEL CUCU | 922 N. LAKEWOOD TER. | PORT ORANGE/FL/32127 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL CUCU

Date

12/28/2006

Daytime Phone #

754-234-0157