

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV -4 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000059865

1. Corporation Name

W.P.K DEVELOPMENT, INC.

2. Principal Office Address

2141 NE 24TH Street

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

Zip

33064

Country

USA

3. Mailing Office Address

2141 NE 24TH Street

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

Zip

33064

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6-15-2000

5. FEI Number

65-1026362

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

Raymond Skelton

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

3335 N. University Drive

Suite, Apt. #, Etc.

Suite 8

City

Davie, FL

State
FL

Zip Code

33024

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

Raymond J. Skelton

REGISTERED AGENT MUST SIGN

Date 11/1/02

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
1	Walter Popielarczyk	2141 NE 24TH ST.	Lighthouse Point, FL 33064

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/02

Daytime Phone #

CR2E081 (9/01)

2141 NE 24th Street
Lighthouse Point, FL 33064
(954) 528-9121

November 1,

Mr. Jim Smith
Secretary of State
Division of Corporations
Florida Department of State
PO Box 6327
Tallahassee, FL 32314

RE: American Coastal Marine Construction, Inc.
P01000116697

WPK DEVELOPMENT, INC.
P00000059865

Dear Mr. Smith:

I respectfully submit a request to reinstate my two corporations for the fee of \$150.00 each, based on the fact that I received the enclosed Application for Reinstatement on **Friday, October 25th**. I still have not received the Application for Reinstatement for WPK Development from the State, so I downloaded the form from your website and have included herein.

Raymond Skelton, CPA, PA is the current Registered Agent. Raymond moved his office location last year, and the forms sent out by the State were sent to his old business address and unfortunately they were never forwarded to his new location. Raymond's correct address has been noted on the application.

I thank you in advance for your consideration and assistance of my request. I have enclosed two checks in the amount of \$150.00 for each of the above referenced corporations.

Sincerely,



Walter J. Popielarczyk

C: Raymond Skelton
File