

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000059865

1. Corporation Name

W.P.K. Development Inc.

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

2432 NE 14 Ave

Suite, Apt. #, etc.

City & State

Pompano Beach

Zip

33064

Country

Broward

3. Mailing Office Address

2432 NE 14 Ave

Suite, Apt. #, etc.

City & State

Pompano Beach

Zip

33064

Country

Broward

7. Name and Address of Current Registered Agent

Name

Popielarczyk, Walter

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

2432 NE 14 Ave

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33064

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 9-09-09

REGISTERED AGENT MUST SIGN

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
P	Popielarczyk, Walter	2432 NE 14 Ave	Pompano Beach, Fl. 33064

REINSTATEMENT

06-09

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

Walter Popielarczyk

9-09-09

Date

954-695-2888

Daytime Phone #

FILED

2009 SEP 15 P 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000160674230
09/15/09--01015--009 **608.75

CR2E081 (12/08)

4. Date incorporated or Qualified
To Do Business in Florida 06/15/2000

5. FEI Number
65-1026362

Applied For

Not Applicable

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

☒ 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.