PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGITHIS FORM.

	TELASE NEAL	ALL INSTRUC	. ПО143 В	EFORE C	- OMPLETING(III) FORM.	•					
	RPORATION STATEMENT	R/	ARTMENT C ary of State F CORPORATIO	,	03 APR - 3 AH 8: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA						
DOCU 1. Corpora	JMENT # P000001 ation Name WWBC Corpo		:								
2 Drimain a	al Office Address	3. Mailing Office Add				رسمان بنسان ور					
					900015443129 04/08/0301002013 **308.75						
	<u>l Industrial Dri</u>		<u>t 17th</u>	Street	04/05/0501005013	· **:300.13					
Suite, Apt. #	#,ecc. te 101	Suite, Apt, #, etc.			4. Date Incorporated or Qualified						
		Oth 1 Oth 1			To Do Business in Florida 10/30/2000						
City & State De L a	and, FL		City & State Sanford, FL		5. FEI Number XX Applied Fo						
Zip	Country	Zip	Country		6	75 Additional Fee required					
327	72 USA	3 <u>27</u> 71	USA		CERTIFICATE OF STATUS DESIRED	for a Certificate of Status					
	7. Name and Address of Current Registered Agent Name Stephen G. Puren Street Address (P.O. Box Number is Not Acceptable) 203 West 17th Street Suite, Apt. #, Etc.										
State State 3 2771 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 /		NEGOTERED ACENT MI	ICT CION		Date 3 31 2	2002					
	Stephen G. Pur	STERED AGENT MU									
9. Names	and Street Addresses of Each Officer a	and/or Director (Florida non	profit corporation	ns must list at lea	ast 3 directors)						
Titles	Name of Officers and/or Directo	ors	Street Address of Eac Officer and/or Directo			tate / Zip					
	reas.Stephen G.	Puren 20	uren 203 West 17t		treet Sanford, F	L 32771					
Direc	tor					·					
					· ·						
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 filling 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.											
SIGNAT	TURE: SIGNATURE AND TYPED OR I	PHILE OF SIGNING	OFFICER OR DIRI	ECTOR	03 31 2003 32 Date Day	1 -27 8-632 j					

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS										
DOCUMENT # P00000101940 1. Corporation Name WWBC Corporation										
2. Principa	al Office Addr	988	3. Mailing C	3. Mailing Office Address						
ĺ			ł							
2001 Industrial Drive Suite, Apt. #, etc.				203 West 17th Street Suite, Apt. #, etc.		ł				
Suite 101			June 1	Sund, Apr. #, Stc.			orated or Qualified			
City & State			City & State	City & State			ness in Florida 10	/30/2000)	
DeLa	and, E	'L		Sanford, FL		5. FEI Number	•	X X App		
Zip		Country	Zlp	Country		6.		¢0.75 a Letter at	Applicable	
327	72	USA	32771	USA		CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional for a Certificate		
			7. +	lame and Address of (Current Register	red Agent				
Stephen G Puren Street Address (P.O. Box Number is Not Acceptable) 203 West 17th Street Suite, Apt. #, Etc. City Sanford, State State Size Code 32771										
	San	iora,					FL 3277	1		
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 3 31 2003										
	Ste	phen G	Puren STERED AG	ENT MUST SIGN				T		
9. Names	and Street A	ddresses of Each Of	ficer and/or Director (Flo	orida nonprofit corporati	ons must list at le	east 3 directors)				
Titles	Name of Officers and/or Directors		lirectors	Street Address of Each Officer and/or Director						
Pres. Sec/1	reas.	Stephen (G. Puren	203 West	17th S	treet	Sanford,	FL 327	71	
Direc	tor		-						ł	
-										
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			· · · · · · · · · · · · · · · · · · ·	<u> </u>						
									1	
this rei owed t	instatement a by the corpora	pplication, the reason ation have been paid	ı for dissolution has bee	n eliminated, the corpora luals listed on this form	ate name satisfie: do not qualify for	s the requirements an exemption und	pter 607 or 617, F.S. I fur of section 607.0401 or 6 or section 119.07(3)(i), F.	17.0401, F.S., that	ali fees	
SIGNA	TURE:	SIGNATURE AND TYPE Stephen	O OR PRINTED TO ME OF	SIGNING OFFICER OR DI	RECTOR	50	131 2003	321 -23 % -	6321	
		Stephen	ORPRINTERIAME OF	SIGNING OFFICER OR DI	RECTOR		'Date '	Daytime Phone #		

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