

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR - 8 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000101940

1. Corporation Name WWBC Corporation

2. Principal Office Address

2001 Industrial Drive

Suite, Apt. #, etc.
Suite 101

City & State
DeLand, FL

Zip Country
32772 USA

3. Mailing Office Address

203 West 17th Street

Suite, Apt. #, etc.

City & State
Sanford, FL

Zip Country
32771 USA

900015443129
04/08/03--01002--013 **308.75

4. Date Incorporated or Qualified
To Do Business in Florida 10/30/2000

5. FEI Number ☒ 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

Stephen G. Puren

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

203 West 17th Street

Suite, Apt. #, Etc.

City
Sanford,

State Zip Code
FL 32771

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

Stephen G. Puren
REGISTERED AGENT MUST SIGN

Date 3/31/2003

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
Pres. Sec/Treas.	Stephen G. Puren	203 West 17th Street	Sanford, FL 32771
Director			

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

Stephen G. Puren

03/31/2003

Date

321-238-6321

Daytime Phone #

CR2E081 (10/02)

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03/31/2003

Date

321-228-6321

Daytime Phone #

CR2E081 (10/02)

9/4/9