


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 02-03		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P01000080264</u>			
1. Corporation Name <u>WT Properties</u>			
2. Principal Office Address <u>1431 N.W. 175 St</u>		3. Mailing Office Address <u>1431 N.W. 175 St</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>MIAMI FL</u>		City & State <u>MIAMI FL</u>	
Zip <u>33169</u>	Country <u>DADE</u>	Zip <u>33169</u>	Country <u>DADE</u>

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida <u>8/15/01</u>	
5. FEI Number <u>65-1130845</u>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>WT Properties</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1431 N.W. 175 St</u>	
Suite, Apt. #, Etc.	
City <u>MIAMI</u>	State <u>FL</u> Zip Code <u>33169</u>

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 Teddy Cogdell **Date** 22 JUN 03

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
<u>President</u>	<u>Wilson Baron</u>	<u>56 N.E. 162 St</u>	<u>MIAMI FL 33162</u>
<u>Vice President</u>	<u>Teddy Cogdell</u>	<u>1431 N.W. 175 St</u>	<u>MIAMI FL 33169</u>

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: Teddy Cogdell **Date** 22 JUN 03 **Daytime Phone #** (784) 543-1952

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

7/7

WT PROPERTIES

**1431 N.W. 175 Street
Miami, Florida 33169
(786) 543-1952**

June 22, 2003

**Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314**

Dear Sir:

WT Properties initially tried to pay for its Corporation fees on April 4, 2003. You responded that the amount to reinstate was \$900.00. WT Properties never received a notice for the year 2002, therefore, was unaware of the annual filing requirements.

I spoke to one of your representatives concerning this oversight and was informed of your website to obtain the corporation reinstatement documents. In addition, I was also informed to write this brief letter detailing the reason of the initial oversight in 2002. The representative further requested that I complete the proper paper work and submit it along with a check in the amount of \$300.00.

If there are any questions, please contact me immediately.

Respectfully,


**Teddy Cogdello, Jr.
Vice-President**

(786) 543-1952