

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 13 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO 10000 95106

1. Corporation Name

WTG & ASSOCIATES, INC

2. Principal Office Address

728 WEST SMITH ST

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32804

Country

USA

3. Mailing Office Address

728 WEST SMITH ST

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32804

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/26/01

5. FEI Number

593755825

Applied For:

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PAUL A. THOMAS

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

728 WEST SMITH STREET

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32804

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

Paul A. Thomas
REGISTERED AGENT MUST SIGN

Date 10/9/03

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>P</u>	<u>PAUL A. THOMAS</u>	<u>728 WEST SMITH ST</u>	<u>ORLANDO FL 32804</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:

Paul A. Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03
Date

4078089000
Daytime Phone #

CR2E061 (10/02)

7/10/13

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WTC & ASSOCIATES, INC.

2. The principal office address: 728 WEST SMITH STREET
OTLANDO FL 32804

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/20/01 Document number: P01000095106

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

DAVID T. WOODS
612 EAST COLONIAL DRIVE, SUITE 190
OTLANDO, FL 32803

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

PAUL THOMAS
728 WEST SMITH STREET
(P.O. Box or personal mailbox NOT acceptable)
OTLANDO, FL 32804

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Paul A. Thomas
(Signature of an officer or director)

Paul A. Thomas
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Paul A. Thomas
(Signature of Registered Agent)

10/9/03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

WTG & Associates, Inc.

Commercial Realty Services

728 West Smith Street
Orlando, Florida 32804
Phone: 407-808-9000
Fax: 407-835-3393

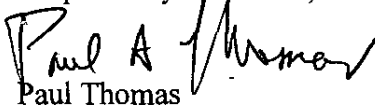
October 9, 2003

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

Re: WTG & Associates, Inc. - Reinstatement

It has just come to my attention that my corporation has recently be dissolved. I did not receive any information in the mail regarding the deadline for renewal. Because of this missed communication, I request that the late fee be waived and that my corporation be reinstated. Please find the enclosed Corporation Reinstatement form with my check for \$150.00. Thank you for your assistance and forgive me for the inconvenience.

Respectively submitted,



Paul Thomas

President of WTG & Associates, Inc.