

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 10 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000039316

1. Corporation Name

WWCG Incorporated

2. Principal Office Address

3. Mailing Office Address

11490 N.W. 23 ST 11490 N.W. 23 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coral Springs, FL Coral Springs, FL

Zip

Country

Zip

Country

33065 US 33065 US

4. Date Incorporated or Qualified
To Do Business in Florida

4/11/02

5. FEI Number

010690317

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

Ian Bjorsvik

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

11490 N.W. 23 ST.

Suite, Apt. #, Etc.

200024892332
11/20/03-01022-016 **158.75

City

Coral Springs

State

FL

Zip Code

33065

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

Ian Bjorsvik

REGISTERED AGENT MUST SIGN

Date 11-6-03

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
Pres.	Bengt Bjorsvik	11490 N.W. 23 ST	Coral Springs, FL 33065

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:

B. Bjorsvik

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bengt Bjorsvik (Pres.)

Date

11-6-03

Daytime Phone #

754-366-0185