

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 15 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000052086**

1. Corporation Name

WGM Marketing, Inc.

REINSTATEMENT 03-04

2. Principal Office Address

8166 Highway 90

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sneads, Florida

City & State

Zip

32460

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5-10-02

5. FEI Number

020539625

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

Frank E. Bondurant

600030934856

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

03/23/04--01070--041 **908.75

Bondurant and Fuqua, P.A.

Suite, Apt. #, Etc.

4450 Lafayette Street

City

Marianna

State

FL

Zip Code

32446

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

Frank E. Bondurant

Date 3/12/04

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
D/P/ST	William K. McDaniel	373 Prevatt Road	Dothan, Alabama 36301

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:

William K. McDaniel

(William K. McDaniel, Pres.)

3/12/04 (229) 524-1177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (01/04)