

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 14 PM 2:33

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P 03000052388

1. Corporation Name

WROMART, INCORPORATED

2. Principal Office Address

24437 Karnali Ct.

Suite, Apt. #, etc.

City & State

Lutz, FL.

Zip

33559

Country

USA

3. Mailing Office Address

24437 Karnali Ct.

Suite, Apt. #, etc.

City & State

Lutz, FL.

Zip

33559

Country

USA

REINSTATEMENT 04-06

4. Date Incorporated or Qualified
To Do Business in Florida

5/5/2003

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

William Robert O'Brien

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

24437 Karnali Ct.

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33559

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

W R O'Brien
REGISTERED AGENT MUST SIGN

Date

2-21-06

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
CEO	William R. O'Brien	24437 Karnali Ct.	Lutz, FL. 33559

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04/04/06--01054--024 **1050.00

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 contained in Chapter 119, 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:

W R O'Brien

William R. O'Brien
CEO

(813)

Date

2-21-06

Daytime Phone #

340-8460