


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 NOV -9 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 03000133950

1. Corporation Name
William Paul Myrick Properties, Incorporated
WPM

2. Principal Office Address 192 Ivy Lakes Dr P.O. Box 24288
3. Mailing Office Address P.O. Box 24288

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

Zip 32244 Country USA

REINSTATEMENT
CR2E084 (12/06)

4. Date Incorporated or Qualified To Do Business in Florida 11/18/2003

5. FEI Number 32-0098727 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 P. Myrick

Street Address (P.O. Box Number is Not Acceptable) ~~11270 US Hwy 1 N~~ 192 Ivy Lakes Dr

Suite, Apt. #, Etc.

City St. Augustine Jacksonville State FL Zip Code 32075

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 William Paul Myrick Date 9-15-06

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>P</u>	<u>William Paul Myrick</u>	<u>P.O. Box 24288</u>	<u>JACKSONVILLE, FL 32244</u>

20009134846?
10/30/05--01048--022 **900.00

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: William Paul Myrick Date 9-15-06 (904) 829-6829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

11/9ced