


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CR2E081 (11/10)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #			
1. Corporation Name WM NUNAMAKER INC. P04000089915			
2. Principal Office Address - No P.O. Box # 317 ORANGEWOOD LTH. LARGO, FL. 33770		3. Mailing Office Address SAME	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State LARGO, FL		City & State N/A	
Zip 33770	Country PINELLAS	Zip 33770	Country
4. Date Incorporated or Qualified To Do Business in Florida 6/04		5. FEI Number 20-1239865	
6. CERTIFICATE OF STATUS DESIRED		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. 200292373182 11/15/16--01031--023 **750.00	
Name WILLIAM NUNAMAKER			
Street Address (P.O. Box Number is Not Acceptable) 317 ORANGEWOOD LTH.			
Suite, Apt. #, Etc. N/A			
City LARGO	State FL	Zip Code 33770	
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 Nunamaker, Pres.		Date 11/11/16	
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
P PRES.	WILLIAM NUNAMAKER	317 ORANGEWOOD LTH	LARGO, FL. 33770
S SEC.	GLADYS NUNAMAKER GLADYS	" "	" " "
REINSTATEMENT			
NOV 15 2016 R. HUNT			
10 E-mail Address: WNUNAMAKER@AOL.COM (To be used for future annual report notification)			
11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
SIGNATURE: William Nunamaker, Pres.		Date 11/11/16	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 727-518-6551	