

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 DEC 28 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P04006101385
WR sportswear

2. Principal Office Address - No P.O. Box #

3603 colonnade Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

same

City & State

Wellington Florida

City & State

same

Zip

33449

Country

United States

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

June 29, 2004

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
reinstatement

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Wayne Rogers

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

3603 colonnade Dr..

Suite, Apt. #, Etc.

City

Wellington Florida

State

FL

Zip Code

33449

REINSTATEMENT

2005-2012

700243124007

12/28/12--01017--014 **1800.00

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

Date **December 26, 2012**

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
<i>PD</i>	Wayne Rogers	3603 colonnade Dr.	Wellington, FL 33449

S. HAWKES

JAN - 2013

EXAMINER

10. E-mail Address: **WR 9001@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:

Wayne Rogers

12/26/12

917-348-0913

Date

Daytime Phone #