

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAR -1 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING CANCELLED
RETURNED CHECK

DOCUMENT # **PO4000103291**

1. Corporation Name

WD TRANSPORT Corp.

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

7835 SE Heritage Blvd.

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc

City & State

Hobe Sound

Zip

33455

Country

USA

City & State

Zip

Country

900196426949

03/01/11--01022--018 **1050.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

14-1911873

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRE: ☒ **\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Don Gordon

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

7835 SE Heritage Blvd

Suite, Apt. #, Etc.

City

Hobe Sound

State

FL

Zip Code

33455

REINSTATEMENT

09-11

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

[Signature]

Date

3/1/11

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
Pres.	Don Gordon	7835 SE Heritage Blvd	Hobe Sound FL 33455
V.P.	Wendy Powell Gordon	"	" "

10. E-mail Address:

(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:

[Signature] **Don Gordon**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/11

Date

Daytime Phone #

772-4538113