

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 OCT -9 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800161542318  
10/09/09--01029--013 \*\*508.75

**REINSTATEMENT**  
CR2E081 (12/08)

*06-08*

**DOCUMENT # P05000052498**

1. Corporation Name

WBD Inc.

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

363 Putnam Lane

Suite, Apt. #, etc.

City & State

Lake Mary, FL

Zip

32746

Country

United States

3. Mailing Office Address

363 Putnam Lane

Suite, Apt. #, etc.

City & State

Lake Mary

Zip

32746

Country

United States

4. Date Incorporated or Qualified To Do Business in Florida 4-4-05

5. FEI Number 20-2764387

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 Blain Drawdy

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

363 Putnam Lane

Suite, Apt. #, Etc.

City

Lake Mary

State

FL

Zip Code

32746

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 10-7-09

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
President	William Blain Drawdy	363 Putnam Lane	Lake Mary, FL 32746

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 B. Drawdy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William B. Drawdy

10-7-09  
Date

407-47-6514  
Daytime Phone #

*10/9*