

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2015 Dec 31 PM 2:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P13000060513

1. Corporation Name

WLA Home Services Inc

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

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9474 Boca River Circle

Boca Raton, FL

33434

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

#61703904

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

WAGNER MARTINS

9474 Boca River Circle

Boca Raton, FL

33434

FL

33434

100280516951
12/31/15-01012-008 **750.00

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

X

[Signature]

REGISTERED AGENT MUST SIGN

Date X 12/29/2015

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

Wagner Martins

9474 Boca River Circle

Boca Raton, FL 33434

REINSTATEMENT

S. HAWKES

JAN 7 A.M.

EXAMINER

10. E-mail Address: amalia.alvarez10@gmail.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:

X

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 12/29/2015

Date

Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 7, 2016

W & A HOME SERVICES INC :
9474 BOCA RIVER CIRCLE
BOCA RATON, FL 33434

SUBJECT: W & A HOME SERVICES INC
Ref. Number: P13000010513

We have received your document for W & A HOME SERVICES INC and your check(s) totaling \$750.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 616A00000350