

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

00 SEP 27 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000057718**

1. Corporation Name

WC Hosts INC

2. Principal Office Address

8608 OAK FOREST TR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

TALL FI

City & State

FI

Zip

Country

32312-5036 USA

Zip

Country

REINSTATEMENT 97-00

4. Date Incorporated or Qualified
To Do Business in Florida

8-17-1993

5. FEI Number

593198860

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

DAVID C WENDLAND

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

8608 OAK FOREST TR

Suite, Apt. #, Etc.

TA

City

TALL

900003417129-9

-10/06/00--01087--014

State
FL

Zip
32312-5036

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

[Handwritten Signature]

Date

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
PRES	DAVID C WENDLAND	8608 OAK FOREST	TALL FI 32312
VP	FRED WENDLAND	2804 GROVE ST	SARASOTA FI 34239
SEC	CLARENCE H CANTRELL	3509 TURKEY RUN LN	TALL FI 32312

LS

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 under section 119.07(3)(i), 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)