

CAPITAL CONNECTION

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06/18 '99 14:22 NO.494 01/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P93000075847**
1. Corporation Name **Waldec Real Estate, Inc.**Principal Place of Business **5050 West Lemon Street**
Tampa, FL 33609
Mailing Address **564 Alpha Drive**
Pittsburgh, PA
15238

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida **10/20/93**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3209322

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$6 Fee Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officer's and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	Thomas E. Wallace	4810 Woodmere Rd	Tampa, FL 33609
V	R. Kevin Adamck	123 Henry Rd	Tarentum, PA 15084
S	Timothy W. Wallace	1228 Pickering Lane	Cheser Springs, PA 19425

800002918928-1
-06/29/99-01068-017
*****908.75 ***908.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

R. Kevin Adamck
5050 West Lemon Street
Tampa, FL 33609

Name

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

Suite, Apt. #, Etc.

City

State **FL** Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **6/23/99**11. This corporation owes the current year
Intangible Personal Property Tax due June 30.Yes ☒ No ☐(See other side for information
on intangible tax.)

12. 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)(b), 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

412-967-6784
6/23/99
813-261-2000