

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT -8 AM 11:08

DOCUMENT # P94000020259

1. Corporation Name

WICC, Inc.

2. Principal Office Address

140 El Dorado Pkwy SW

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip

33914

Country

USA

3. Mailing Office Address

140 El Dorado Pkwy. SW

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip

33914

Country

USA

REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida

3/14/94

SP

5. FEI Number

65-0576447

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

Christine F. Wright, ESq.

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

1105 Cape Coral Pkwy E, Suite C

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33904

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

Christine F. Wright
REGISTERED AGENT MUST SIGN

Date

9/27/01

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
D	Sprick, Robert	140 El Dorado Pkwy SW	Cape Coral, FL 33914
AS	Wright, Christine	1105 Cape Coral Pkwy E	Cape Coral, FL 33904

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:

Christine F. Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christine F. Wright AS 9/27/01 9415402007

Date

Daytime Phone #