

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 DEC 28 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B94000061437

1. Corporation Name

WEHCO, INC

2. Principal Office Address

2005 Falkner Rd

Suite, Apt. #, etc.

City & State

Maitland, FL

Zip

32751

Country

Orange

3. Mailing Office Address

2005 Falkner Rd

Suite, Apt. #, etc.

City & State

Maitland, FL

Zip

32751

Country

Orange

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/18/94

5. FEI Number

59-3261936

☒ Applicable 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

Hayward, Walter E

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

2005 Falkner Rd

Suite, Apt. #, Etc.

City

Maitland,

State
FL

Zip Code

32751

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-01/11/01--01026--011
***750.00 ***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

Walter E Hayward

REGISTERED AGENT MUST SIGN

Date 12-22-2000

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	Walter E Hayward	2005 Falkner Rd	Maitland, FL 32751
Trea	Loris P Hayward	2005 Falkner Rd	Maitland, FL 32751
VP	Lynnette M. Lawson	1826 Oak Squire	Howell, MI 48843
Sec	Janet F Hayward	1120 Tisdale	Lansing, MI 48910

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: *Walter E Hayward*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-8-2000 407-660-2835
Date Daytime Phone #

CR2E081 (9/99)