

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 NOV 12 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000075900

1. Corporation Name

WAF DEVELOPERS, INC.

Principal Place of Business

P.O. BOX 2306
BELLEVIEW FL 34421

Mailing Address

P.O. BOX 2306
BELLEVIEW FL 34421

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/1994

5. FEI Number

65-0562448

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/T	FRENCH, JON	P.O. BOX 2306 NA	BELLEVIEW FL 34421
V	WILCOX, RICHARD T	P.O. BOX 2306 NA	BELLEVIEW FL 34421
ST	ADSHIER, LANNY	P.O. BOX 2306 NA	BELLEVIEW FL 34421
V/S.	ALICE F. FRENCH 262-73-8873	P.O. Box 2306	BELLEVIEW, FL. 34421

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FLANAGAN, GREGORY S

~~1 N.E. 1ST AVENUE~~

~~SUITE 303~~

OCALA FL 34470

Name

FLANAGAN GREGORY S

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

230 NE 25TH AVE.

Suite, Apt. #, Etc.

City

OCALA

11714737

110850016

****750101

****8412000

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Jon French

REGISTERED AGENT MUST SIGN

Date 10-29-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

NONE TO PAY

(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)(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:

Jon French JON FRENCH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-97

Date

(352) 245-9029

Daytime Phone #

CR2040 (8/97)