

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000080978

1. Corporation Name

Wunsch Capital Management, Inc.

2. Principal Office Address - No P.O. Box #

2508 Hollyberry Lane

Suite, Apt. #, etc.

City & State

Palm City, FL

Zip

34990

Country

U.S.A.

3. Mailing Office Address

5670 S.W. Forest Glade

Suite, Apt. #, etc.

Trail

City & State

Hobe Sound, FL

Zip

33455

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

James Sopko

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

853 S.E. Monterey Commons Blvd.

Suite, Apt. #, Etc.

City

Stuart,

State

FL

Zip Code

34996

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

James Sopko

REGISTERED AGENT MUST SIGN

Date

7/19/07

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	George J. Wunsch	2508 Hollyberry Lane	Palm City, FL 34990
P/S/T	Scott A. Wunsch	5670 SW Forest Glade Tr.	Hobe Sound, FL 33455
		<i>7/17/25</i>	
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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 contained in Chapter 119, 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:

Scott A. Wunsch

Scott A. Wunsch,
president

(772) 781-1766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

07 JUL 24 AM 9:26

ALLAHAM, E. FLORIDA

REINSTATEMENT 03-07

CR2E081 (1/07)