*PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

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FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

OL MAY 20 PH 4: 44 TALLAHASSEE, FLORIDA

DOCL	IME	NT #	ŧ

1. Corporation Name WCR Enterprises

Ζip

32277

P95000034135

2919 Townsend Boulevard 2919 Townsend Boulevard

USA

2. Principal Office Address 2919 Townsend Boulevard	3. Mailing Office Address 2919 Townsend Boulevard	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State Jacksonville, Florida	City & State Jacksonville, Florida	

Zip

32277

500036961635 05/20/04--01047--010 **158.75

 Date Incorporated or Qualified To Do Business in Florida May 12, 1995 5. FEI Number ✔ Applied For 59-331-2346 Not Applicable 6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current R	Registered Agent	
Name Richard Mouchi		
Street Address (P.O. Box Number is Not Acceptable) 7123 Hielo Drive		
Suite, Apt. #, Etc.		
city Jacksonville	State Zip Code 32211	:

Country

USA

I, being appointed the reg	istered agent of the above	named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
~ 1	. 1		

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

May 17, 2004

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Richard Mouchi	7123 Hielo Drive	Jacksonville FL 32211
V.P.	Daoud Naddaf	3536 Post Street	Jacksonville FL 32205
Sec.	Kelly Mouchi	4730 Norwood Avenue	Jacksonville FL 32206
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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 filling 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: 4

05-17-04

904-744-9020

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E081 (01/04)

May 17, 2004

To whom it may concern:

I was advised by your office to write to you and explain why my renewal is late. I did not receive the letter saying that my corporation was due for renewal. I have downloaded the appropriate forms and I am inclosing them here. I apologize for any inconvenience this may have caused your office.

Please direct any further correspondence to Richard Mouchi at 2919 Townsend Boulevard, Jacksonville FL 32277.

Sincerely,

Richard Mouchi

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