

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96020041083**

1. Corporation Name

WPF, Inc.

2. Principal Office Address
309 Mountain Drive

3. Mailing Office Address
P.O. Box 9

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin, Florida

City & State

Destin, Florida

Zip

32541

Country

USA

Zip

32540

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 5/14/96

5. FEI Number
593390359

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
Dana Matthews

Street Address (P.O. Box Number is Not Acceptable)
4475 Legendary Drive

200035557922
05/06/04--01022--009 **900.110

Suite, Apt. #, Etc.

City
Destin

State
FL

Zip Code
32541

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

REGISTERED AGENT MUST SIGN

Date

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/S	MATTHEWS, DANA	10 Driscoll Drive	Santa Rosa Beach, Florida 32459
D/P/T	RICHARDSON, JAMES	319 MOUNTAIN DRIVE	Destin, Florida 32541
T	WIGGINS, JOHN D	190 WYNNHAVEN BCH	Mary Esther, Florida 32569

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)