

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUN 12 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA60000047316

1. Corporation Name

~~WH Products, Inc.~~
WH Products, Inc.

2. Principal Office Address

511 Bayshore Drive

Suite, Apt. #, etc.

PH-10

City & State

FT. LAUDERDALE, FLA.

Zip

33304

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

FT. LAUDERDALE, FLA.

Zip

33304

Country

U.S.A.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650677980

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

WILLIAM P. HEATH III

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

511 BAYSHORE DRIVE

Suite, Apt. #, Etc.

P.H. 10

City

FT. LAUDERDALE

State
FL

Zip Code

33304

800003291298-4

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******908.75 ****908.75**

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

W.P. Heath III

Date **4-18-00**

REGISTERED AGENT MUST SIGN

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
CEO	WILLIAM P. HEATH III	511 BAYSHORE DRIVE	FT. LAUDERDALE FLA. 33304
PRES.	DONALD ALLOIAN	3750 GALT OCEAN DRIVE UNIT 1601	FT. LAUDERDALE, FLA 33308
			/LS

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:

W.P. Heath III

WILLIAM P. HEATH III

4-18-00

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-566-9695