

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **gg**
REINSTATEMENT



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

DOCUMENT # **P97000029193**

1. Corporation Name

WASHINGTON INVESTMENT PROPERTIES, INC.

Principal Place of Business

Mailing Address

**7818 DAETWYLER DRIVE
ORLANDO FL 32812**

**7818 DAETWYLER DRIVE
ORLANDO FL 32812**

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

2. New Principal Office Address, If Applicable
7710 Daetwyler Dr.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
7710 Daetwyler Dr.
Suite, Apt. #, etc.

City & State
Orlando FL
Zip
32812
Country
USA

City & State
Orlando FL
Zip
32812
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/1997

SP

5. FEI Number

59-3435472

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BRUNK, DOUGLAS P	7710 DAETWYLER DR	ORLANDO FL 32812
D	BRUNK, JOHN G	7710 DAETWYLER DR	ORLANDO FL 32812
ST	BRUNK, CAROLYN J.	7710 DAETWYLER DR	ORLANDO FL 32812

700003052757--9
-11/23/99--01026--029
******758.75 ****758.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**BRUNK, DOUGLAS P
7818 DAETWYLER DRIVE
ORLANDO FL 32812**

Name

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

7710 Daetwyler Drive

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date **10/30/99**

11. 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:

Carolyn J. Brunk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/99
Date

407-363-7300
Daytime Phone #