APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

P97000058262 **DOCUMENT#**

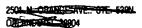
1. Corporation Name

Zip

WDV INVESTMENTS, INC.

Principal	Place	of	Business

Mailing Address





If above addresses are incorrect in any way, line thro	ugh incorrect information and enter correction below
2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable

2: New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable
	WAYNE & DARLENA VOEGFLE
Suite, Apt. #, etc.	Suite, Apt 3200 Tala Loop
	Formula of Florida 20770
City & State	City 295 yood, Florida 32779

 Country	Zip	Chy	pritry _	•	_
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FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA





REINSTATEMENT 4. Date Incorporated or Qualified

To	Do Business	in Florida	07/02/	199)7
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5. FEI Number

53-3476952

Applied For Not Applicable

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	CERTIFICATE	OF	STATUS	DESIRED	

\$8.75 Additional Fee required

7. Names	and Street Addresses of Each Officer and/or Dir	ector (Florida nonprofit corporations must list at least 3 direct	ors)
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
OP	VOEGELE, WAYNE	3266 TALA LOOP	LONGWOOD FL 32779
DVS	VOEGELE, DARLENE	3266 TALA LOOP	LONGWOOD FL 32779
+^- (**			2000035112125 -12/22/0001020016 ****750.00 ****750.00
=	8. Name and Address of Current Regis	tered Agent 9. Name	and Address of New Registered Agent

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TRILL			

Wayne Voegele 3266 Tala Loop

Longwood, F1. 32 32779

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

Suite, Apt. #, Etc.

Name

State 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.

dignature of

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 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.

FICER OF DIRECTOR DE GENTE Date Daytime Phone #

407-896-3369