

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 NOV 28 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

DOCUMENT # P97000058262

1. Corporation Name

WDV INVESTMENTS, INC.

Principal Place of Business

Mailing Address

~~2501 N. ORANGE AVE., STE. 600N  
ORLANDO, FL 32804~~

~~2501 N. ORANGE AVE., STE. 600N  
ORLANDO, FL 32804~~



REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

WAYNE & DARLENE VOEGELE

City & State

Longwood, Florida 32779

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/02/1997

5. FEI Number

53-3476952

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	VOEGELE, WAYNE	3266 TALA LOOP	LONGWOOD FL 32779
DVS	VOEGELE, DARLENE	3266 TALA LOOP	LONGWOOD FL 32779

200003511212--5  
-12/22/00--01020-016  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~CORPORATION SERVICE COMPANY  
1201 HUNTS STREET  
TALLAHASSEE, FL 32304-2625~~

Wayne Voegele  
3266 Tala Loop  
Longwood, Fl. 32779

Name

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

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

*[Handwritten signature: Wayne Voegele]*  
REGISTERED AGENT MUST SIGN

Date 10-16-00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten signature: Wayne Voegele]*  
WAYNE VOEGELE

Date

Daytime Phone #

407-896-3369