

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 MAY 31 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA7000074004

1. Corporation Name

WCC Interests, Inc.

W01000010771

2. Principal Office Address

702 Buckner Ave

Suite, Apt. #, etc.

P.O. Box 595

City & State

Everglade City, FL

Zip

34139

Country USA

Collier

3. Mailing Office Address

40 FM 1960 West

Suite, Apt. #, etc.

PMB 314

City & State

Houston, Tx.

Zip

77090

Country USA

HARRIS

4. Date Incorporated or Qualified To Do Business in Florida

8-26-97

5. FEI Number

59-3712968

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William C. Cochran

700004481797--4

-07/18/01--01001--009

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

702 Buckner Ave.

***608.75

***608.75

Suite, Apt. #, Etc.

P.O. Box 595

City

Everglade City, FL.

State
FL

Zip Code

34139

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.C. Cochran

REGISTERED AGENT MUST SIGN

Date 4/27/01

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
P	William C. Cochran	P.O. Box 595 702 Buckner Ave	Everglade City, FL 34139
S	Charlotte Cochran	P.O. Box 595 702 BUCKNER Ave	Everglade City, FL 34139

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)(f), 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.C. Cochran William C. Cochran 4/27/01 941-596-0592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (9/00)