

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP -9 PM 12: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P97000074004
W.C.C. Interests, Inc.

1. Corporation Name

000161549080
10/09/09--01048--006 **458.75

2. Principal Office Address - No P.O. Box #

12995 S. Cleveland Ave.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 203

Suite, Apt. #, etc.

City & State

Ft. Meyers, FL.

City & State

Zip

33907

Country

USA

Zip

Country

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 ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William Cochran

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

5040 Harborage Dr.

Suite, Apt. #, Etc.

City

Ft. Meyers

State

FL

Zip Code

33908

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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. [Signature]

REGISTERED AGENT MUST SIGN

Date 09-23-09

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	5040 Harborage Dr.	Ft. Meyers, FL. 33908
S	Charlotte Cochran	5040 Harborage Dr.	Ft. Meyers, FL. 33908

REINSTATEMENT

07-09

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 contained in Chapter 119, 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

W.C. [Signature]

09-23-2009

Date

Daytime Phone #

Mudans

Pg 282



WCC INTERESTS, INC.

FLORIDA LICENSE CGCB20782

12995 S. CLEVELAND AVE., SUITE 203

FT. MEYERS, FL 33907

239-936-7900 FAX 239-936-7979

23-Sep-09

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Fl. 32314

To Whom it may concern:

I, William Cochran, am certifying that prior notices were
not received and requesting reinstatement fee's to be waived.

Thanks You,
William Cochran

E-mail -

WCTXGATOR@AOL.COM