

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000006206

1. Corporation Name

W.C.C. & ASSOCIATES, INC.

Principal Place of Business

P.O. BOX 595
EVERGLADES CITY FL 34139

Mailing Address

P.O. BOX 595
EVERGLADES CITY FL 34139

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

2. New Principal Office Address, If Applicable

~~853 VANDERBILT BLVD~~

~~APT #277~~

~~NAPLES, FL~~

~~Zip 34108~~

3. New Mailing Office Address, If Applicable

~~853 VANDERBILT BLVD~~

~~APT #277~~

~~NAPLES, FL~~

~~Zip 34108~~

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

01/21/1998

5. FEL Number

59-349-5000

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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	VISCONTI, LAWRENCE B	702 BUCKNER AVE. STE. 8	EVERGLADES CITY FL 34139
		674 WILSONS BAY DR	NAPLES, FL 34110
			100003034301--5
			-11/03/99--01082--017
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

COCHRAN, SHELLY M
702 BUCKNER AVE. STE. 8
EVERGLADES CITY FL 34139

9. Name and Address of New Registered Agent

NAME
LAWRENCE B. VISCONTI
853 VANDERBILT BLVD

Suite Apt. #
#277

City
NAPLES

State
FL

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/19/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #

10/19/99(944)596 3470

KE

CR25040 (8/99)