

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -3 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000007651

1. Corporation Name

WMS DEVELOPMENTS, INC.

2. Principal Office Address

535 N. BLUE LAKE AVENUE

Suite, Apt. #, etc.

City & State

DELAND, FL

Zip

32724

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03-04

4. Date Incorporated or Qualified

To Do Business in Florida 01/22/98

5. FEI Number

59-3485482

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 M. STEVENSON

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

535 N. BLUE LAKE AVENUE

Suite, Apt. #, Etc.

City

DELAND

State
FL

Zip Code
32724

000035258960

05/03/04--01052--004 **150.00

000035258960

05/03/04--01052--005 **150.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4-26-04

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 M. STEVENSON	535 N. BLUE LAKE AVENUE	DELAND, FL 32724
VP	ANNE H. STEVENSON	535 N. BLUE LAKE AVENUE	DELAND, FL 32724

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)(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

Date

Daytime Phone #

4-26-04

4676993072

CR2E081 (01/04)

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PARKS, De FILIPPO & ASSOCIATES, P.A.
Certified Public Accountants

2052
203 Lookout Place, Suite A
Maitland, Florida 32751

Telephone: (407) 539-1330
Fax: (407) 539-1679

April 26, 2004

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Taxpayer: WMS Developments, Inc.
Document #: P98000007651

Dear Madam or Sir:

We are writing on behalf of the above taxpayer regarding their 2003 Uniform Business Report (the Corporate Annual Report). The taxpayer acknowledges the Report is being filed after the original May 1, 2003 due date, but respectfully requests you accept the enclosed check for \$150 and remove the additional late filing penalties. The taxpayer never received the report from the Department of State. The taxpayer is also enclosing an additional check for \$150 for the 2004 Corporate Annual Report.

We know that the only provision the Division of Corporations has for waiver of the annual late fee is due to non-receipt of the original UBR. That is definitely the instance here. We are certain that had the taxpayer received the original UBR, they would have immediately given it to us, and we would have ensured they returned it to you in plenty of time to comply with the original due date.

We verified online at www.sunbiz.org that the Department of Revenue has the incorrect mailing address. We have also added the UBR to our due date list to ensure the taxpayer files the UBR timely in the future.

The taxpayer greatly appreciates your consideration in this matter. We apologize for any inconvenience this has caused.

Sincerely,

Kathie De Filippo

KD/ahs

Enclosure