2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000017554 1. Entity Name W.G.T. ENTERPRISES, INC.				FILED 07 APR 30 PM 12: 40 OF STATE TALLAMASSEE, FLORIDA		
Principal Place of Business Mailing Address 790 SW 40TH AVENUE 9723 NORTH NEW RIVER CANAL ROAD PLANTATION, FL 33317-4048 US 790 SW 40TH AVENUE PLANTATION, FL 33317-4048 US						
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 9723 N. NEW RIVER C			e Dr	a 18191 19111 98111 92111 93111 20		
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State		419	04202 vo 1	INSTATE		plied For
Zip Country	PLANTATI Zip	Country	65-081	7948	No.	t Applicable
	33324	BROWAR	f		Fee Required	
6. Name and Address of Current I	Registered Agent	Name ⁻	7. Name and	Address of New Regi	istered Agent	
TURNER, WILLIAM G 9723 NORTH NEW RIVER CANAL ROAD VILLA #419A PŁANTATION, FL 33324	Street Addre	ss (P.O. Box Numb	er is Not Acceptable)			
TEANTATION, TE 33324		City			FL Zip Code	3
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and bits if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$300.00					n s. 607.193(2)(b), t receive the prior r	
10. OFFICERS AND		11.	ADDITIONS	CHANGES TO OFFICE		
TITLE DPVS Delete TITLE NAME TURNER, WILLIAM G STREET ADDRESS 9723 NORTH NEW RIVER CANAL RD VILLA 419A STREET TITLE T Delete TURNER, WILLIAM G STREET ADDRESS 9723 NORTH NEW RIVER CANAL RD VILLA 419A STREET ADDRESS 9723 NORTH NEW RIVER CANAL RD VILLA 419A STREET ADDRESS 9723 NORTH NEW RIVER CANAL RD VILLA 419A			© 	1001032 25/07-01013	□ Change :84090 	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33324 TITLE NAME STREET ADDRESS	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		_	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empty changed, or on an attachment with an address, SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR F	s true and accurate and that r owered to execute this report	ny signature shall have as required by Chapter	the same legal effe	ct as if made under oat	h; that I am an officer	or director