

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 27 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000023610

1. Corporation Name

WAM & COMPANY, INC.

2. Principal Office Address

200 EXECUTIVE WAY

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH, FL

Zip

32082

Country

USA

3. Mailing Office Address

200 EXECUTIVE WAY

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH, FL

Zip

32082

Country

USA

REINSTATEMENT 99-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
5933503758

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

JOHN J. HINES

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

849 EAST COAST DRIVE

Suite, Apt. #, Etc.

City

ATLANTIC BEACH

State

FL

Zip Code

32233

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

1/14/03

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
D	CHERYL HAYES	200 EXECUTIVE WAY	PONTE VEDRA BEACH, FL 32082

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:

CHERYL HAYES, DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/2003

Daytime Phone #

CR2E081 (9/01)

gr 1128