PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM! LED

CORPORATION REINSTATEMENT Secretary of State DOCUMENT # P98000023610 1. Corporation Name WAM & COMPANY, INC. 2. Principal Office Address WAM & COMPANY, INC. 2. Principal Office Address 200 EXECUTIVE WAY 200 EXECUTIVE WAY 200 EXECUTIVE WAY 3016, Apr. #, etc. 4. Date incorporated or Custified 5. Downtry 32.082 Country 32.082 Country 32.082 Country 32.082 Country 32.082 T. Name and Address of Current Registered Apent Name and Address of Current Registered Apent Name April 2016 Sec. Application of Sec. Application	-					TIONS BEI ORE	7			
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JOHN J. HINES Street Address (P.O. Box Number is Not Acceptable) 849 EAST COAST DRIVE Suite, Apt. #, Etc. 01/27/0301054024 **1350.00 City ATLANTIC BEACH 8. I, being appointed the registered agent of the above named coloration, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director's Officer and/or Director's Officer and/or Director's Officer and/or Director's PONTE_VEDRA, BEACH, FL. 32082 10. Loerlly that I am an officer or director or thrustee 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		·.			7. Name an	d Address of Current Registe	red Agent			
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on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. CHERYL HAYES, DIRECTOR SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylime Phone #										

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