

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR -2 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000072618

1. Corporation Name

WANTROBA ASSOCIATES, INC.

2. Principal Office Address

6094 OAK BLUFF WAY

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

Zip

33467-7134

Country

3. Mailing Office Address

6094 OAK BLUFF WAY

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

Zip

33467-7134

Country

Handwritten signature

REINSTATEMENT

99-06

WBO

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

X 65-0958067

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

ALAN WANTROBA

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

6094 OAK BLUFF WAY

Suite, Apt. #, Etc.

City

LAKE WORTH

State
FL

Zip Code

33467-7134

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

Handwritten signature of Alan Wantroba

REGISTERED AGENT MUST SIGN

Date 3/1/06

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	ALAN WANTROBA	6094 OAK BLUFF WAY	LAKE WORTH FL 33467-7134

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:

Handwritten signature of Alan Wantroba

ALAN WANTROBA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/01/2006

Date

954-629-3468

Daytime Phone #

2 of 2

DATE: 03-01-2006

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS


FROM: WANTROBA ASSOCIATES, INC. P98000072618
ALAN WANTROBA

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT FOR 1999,
2000, 2001, 2002, 2003, 2004, 2005.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTU.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 954-629-3468.

THANKS,



WANTROBA ASSOCIATES, INC.
ALAN WANTROBA