

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUL -7 AM 10:17

DOCUMENT # P98000072618

1. Corporation Name
Wantroba Associates, Inc.

2. Principal Office Address - No P.O. Box #
6094 Oak Bluff Way
Suite, Apt. #, etc.

3. Mailing Office Address
6094 Oak Bluff Way
Suite, Apt. #, etc.

CR2E081 (12/08)

City & State
Lake Worth FL

City & State
Lake Worth FL

Zip Country
33467-7134

Zip Country
33467-7134

4. Date Incorporated or Qualified To Do Business in Florida
1998

5. FEI Number
65-0858067

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

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Alan Wantroba Date 6/25/2009
REGISTERED AGENT MUST SIGN

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
C, D	Alan Wantroba	6094 Oak Bluff Way	Lake Worth FL 33467-7134
P, S	Christina Wantroba	6094 Oak Bluff Way	Lake Worth FL 33467-7134

REINSTATEMENT 07-09
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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 contained in Chapter 119, 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: Alan Wantroba Alan Wantroba 6/25/2009 954 629 3469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #