

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 DEC 26 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000093095**

1. Corporation Name

W.C.R.P., INC.

Principal Place of Business

**SUMMIT CENTER, SUITE 144
13575 58TH STREET NORTH
CLEARWATER FL 33760**

Mailing Address

**SUMMIT CENTER, SUITE 144
13575 58TH STREET NORTH
CLEARWATER FL 33760**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

101 Riverfront Blvd.

3. New Mailing Office Address, If Applicable

STONE

Suite, Apt. #, etc.

Suite 610

Suite, Apt. #, etc.

STONE

City & State

Bradenton, FL

City & State

STONE

Zip

34205

Country

USA

Zip

STONE

Country

STONE

REINSTATEMENT 02



100009686921

12/26/02--01020--005 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/1998

5. FEI Number

59-3564873

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BRADFORD, DENNIS D	13575-58 ST. N. 101 Riverfront, Blvd Ste 610	CLEARWATER FL 33760 Bradenton FL 34205
VP	LUBECK, DANIEL E	13575-58 ST. N. 825 Parkway Blvd. Ste 4	CLEARWATER FL 33760 Jupiter FL 33477
STD	LUBECK, JOSEPH	13575-58 ST. N. 825 Parkway Blvd Ste 4	CLEARWATER FL 33760 Jupiter FL 33477

8. Name and Address of Current Registered Agent

**GRIMES, CALEB J
1023 MANATEE AVENUE WEST
BRADENTON FL 34205**

9. Name and Address of New Registered Agent

Name

Dennis D. Bradford

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

101 Riverfront Blvd, Suite 610

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34205

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date **11-20-02**

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE REQUIRED
Dennis D. Bradford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-20-02 9417441458

Daytime Phone #

CR2040 (8/02)