

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG 20 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P990000014819

1. Corporation Name

W.A. MANAGEMENT CORPORATION

2. Principal Office Address

3115 DIXIE HWY NE

Suite, Apt. #, etc.

City & State

PALM BAY, FL

Zip

32905

Country

USA

3. Mailing Office Address

PO BOX 033163

Suite, Apt. #, etc.

City & State

INDIALANTIC, FL

Zip

32903

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02-12-1999

5. FEI Number

59-3634999

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

01-04

7. Name and Address of Current Registered Agent

Name

WILLIAM G. ALCOCK

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

3220 RIVER VILLA WAY

Suite, Apt. #, Etc.

111

City

MELBOURNE BEACH

State

FL

Zip Code

32951

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

William G. Alcock
REGISTERED AGENT MUST SIGN

Date 08-13-2004

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/K/S	WILLIAM G. ALCOCK	3220 RIVER VILLA WAY #111	MELB. BCH, FL 32951
			600040426636 08/23/04--01057--005 **1200.00
			JH 8/20

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:

William G. Alcock
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM G. ALCOCK

Date

08-13-2004

Daytime Phone #

321-831-0350

CR2E081 (01/04)