

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000014819**

1. Corporation Name

W.A. MANAGEMENT CORPORATION

W07-3336

2. Principal Office Address - No P.O. Box #

3160 DIXIE HIGHWAY NE

Suite, Apt. #, etc.

City & State

PALM BAY, FL

Zip

32905

Country

USA

3. Mailing Office Address

3160 DIXIE HIGHWAY NE

Suite, Apt. #, etc.

City & State

PALM BAY, FL

Zip

32905

Country

USA

REINSTATEMENT 05-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

2/12/1999

5. FEI Number

59 3634999

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WILLIAM ALCOCK

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

3250 RIVER VILLA WAY

Suite, Apt. #, Etc.

City

MELBOURNE BEACH

State

FL

Zip Code

32951

☐ 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

Date **1-23-2007**

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
PTS	WILLIAM ALCOCK	3250 RIVER VILLA WAY	MELB. BCH, FL 32951

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-2007 321 749 7678

Date

Daytime Phone #

FILED

07 JAN 24 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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