

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 099000043500

1. Corporation Name

WRC DEVELOPMENT, INC

2. Principal Office Address

106 BENNING DR

Suite, Apt. #, etc.

SUITE 7

City & State

DESTIN, FL

Zip

32541

Country

US

3. Mailing Office Address

P.O. DRAWER 1609

Suite, Apt. #, etc.

City & State

SANTA ROSA BEACH, FL

Zip

32459

Country

US

REINSTATEMENT 00-03

600021303046

07/03/03--01073--002 \*\*1200.00

4. Date Incorporated or Qualified  
To Do Business in Florida

05/13/99

5. FEI Number

☒ 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 SHANNON L. PORATH

Street Address (P.O. Box Number is Not Acceptable)  
2441 U.S. HWY 98 E

Suite, Apt. #, Etc.  
SUITE 108

City SANTA ROSA BEACH

State  
FL

Zip Code  
32459

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

*Shannon L. Porath*  
REGISTERED AGENT MUST SIGN

Date 6/30/03

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
PD	JACK WELLBORN	12 SANDESTIN ESTATES	DESTIN, FL 32550
VD	SHANE CANNON	P.O. BOX 727	CRESTVIEW, FL 32536
STD	DANIEL ROSSI	P.O. BOX 727	CRESTVIEW, FL 32536

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)(l), 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:

*Jack Wellborn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/1/03

Daytime Phone #

850-  
622-0102

CR2E081 (10/02)