

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR 12 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **9990000065771**

1. Corporation Name

WBHF CORP

2. Principal Office Address

212 GRASSY LAKE RD

Suite, Apt. #, etc.

City & State

CLERMONT FL

Zip

34711

Country

LAKE

3. Mailing Office Address

PO BOX 2033

Suite, Apt. #, etc.

City & State

MINNEOLA FL

Zip

34755

Country

LAKE

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

7-26-99

SP

5. FEI Number

59-3588913

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

PHILIP J. TOMASHEK

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

212 GRASSY LAKE RD

Suite, Apt. #, Etc.

City

CLERMONT

State

FL

Zip Code

34711

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

Philip J. Tomashek

REGISTERED AGENT MUST SIGN

Date **3-9-01**

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
PRESIDENT	PHILIP J TOMASHEK	212 GRASSY LAKE RD	CLERMONT FL 34711
SECRETARY	PHILIP J TOMASHEK	212 GRASSY LAKE RD	CLERMONT FL 34711
TREASURER	PHILIP J TOMASHEK	212 GRASSY LAKE RD	CLERMONT FL 34711

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:

Philip J. Tomashek

PHILIP J. TOMASHEK

3-9-01

(352) 242-9152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)