

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 14 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000080946

1. Corporation Name

WPV APCO, INC.

2. Principal Office Address

1918 Rowena Avenue

Suite, Apt. #, etc.

City & State

Orlando, Florida 32803

Zip

32803

Country

3. Mailing Office Address

1918 Rowena Avenue

Suite, Apt. #, etc.

City & State

Orlando, Florida 32803

Zip

32803

Country

REINSTATEMENT

00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/13/99

5. FEI Number

59-3596951

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

Eric F. Kovar

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

1918 Rowena Avenue

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32803

700003912767-8
-03/27/01--01091-021
****908.75 ****908.75

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

Eric F. Kovar

REGISTERED AGENT MUST SIGN

Date

3/13/01

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
P.D	Eric F. Kovar	1918 Rowena Avenue Orlando, FL 32803	Orlando, FL 32803

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric F. Kovar

Date

3/13/01

Daytime Phone #

407-719-4409

CR2E081 (9/99)