

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DEPARTMENT OF CORPORATIONS

APPLICATION
 FOR
 REINSTATEMENT

FILED

02 NOV -4 PM 5:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000080946**

1. Corporation Name
WPV APCO, INC.

Principal Place of Business 1918 ROWENA AVE. ORLANDO FL 32803	Mailing Address 1918 ROWENA AVE. ORLANDO FL 32803
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 520 N. Orlando Ave	3. New Mailing Office Address, If Applicable 520 N. Orlando Ave
Suite, Apt. #, etc. #200	Suite, Apt. #, etc. #200
City & State Winter Park, FL	City & State Winter Park, FL
Zip 32789 Country USA	Zip 32789 Country USA

4. Date Incorporated or Qualified To Do Business in Florida
09/13/1999

5. FEI Number 59-3596951	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	KOVAR, ERIC F	1918 ROWENA AVE.	ORLANDO FL 32803

600008784825
 11/04/02--01064--017 **158.75

8. Name and Address of Current Registered Agent

**KOVAR, ERIC F
 1918 ROWENA AVE.
 ORLANDO FL 32803**

9. Name and Address of New Registered Agent

Name KOVAR, ERIC F.	
Street Address (P.O. Box Number is Not Acceptable) 520 N. Orlando Ave	
Suite, Apt. #, Etc. #200	
City Winter Park	State Zip FL 32789

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10/30/02**

11. 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 REQUIRED KOVAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

907-694-5638

CR2E040 (8/02)



OF WINTER PARK VILLAGE

10/30/02

To whom it may concern:

I did not receive the UBR
Notices. Please waive the penalty +
renewate WPV Apco, Inc.

Thank you
L.S. Kovar

\$150.-
8.75
<hr/>
158.75