

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

DOCUMENT # P99000080946

1. Corporation Name  
WPV APCO, INC.

02 NOV -6 PM 5:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
1918 ROWENA AVE. 1918 ROWENA AVE.  
ORLANDO FL 32803 ORLANDO FL 32803



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  
Suite, Apt. #, etc. #200  
City & State Winter Park, FL  
Zip #32789 Country USA

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

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

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. 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 FL Zip 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

407-644-5638  
Date Daytime Phone #

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 +  
restate WPV Apco, Inc.

Thank you  
L.S. Kovar

\$150.-  
8.75  

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158.75