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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

04 SEP -7 AM 9:54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P99000080946

1. Corporation Name

WPV APCO, INC. 520 N. ORLANDO AVE

2. Principal Office Address 520 N. ORLANDO AVE

3. Mailing Office Address

Suite, Apt. #, etc. SUITE 200

Suite, Apt. #, etc.

City & State WINTER PARK FLORIDA

City & State

Zip 32789

Country

Zip

Country

REINSTATEMENT

03-04

MRS

4. Date incorporated or Qualified To Do Business in Florida 9/13/1999

5. FEI Number 59-3596951

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name JEFFREY R. DOSTER

Street Address (P.O. Box Number is Not Acceptable) 520 N. ORLANDO AVE

Suite, Apt. #, Etc. SUITE 200

City WINTER PARK

State FL Zip Code 32789

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0506 or 617.0503, F.S.

Signature of Registered Agent

Jeffrey R. Doster

REGISTERED AGENT MUST SIGN

Date 8-31-04

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

Table with 4 columns: Title, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include William P. Kennedy, Eric F. Kovar, Stephen R. Griggs, and Jeffrey R. Doster.

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 807 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 807.0401 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)(c), 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: JEFFREY R. DOSTER, DIRECTOR

Jeffrey R. Doster 8-31-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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CREATED (9/1/04)

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407)843-4600
Fax Number : (407)843-4444

CORPORATION REINSTATEMENT

WPV APCO, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
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