

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

02 JUL 26 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V29370

1. Corporation Name

WABASSO MOORINGS, INC.

~~000006843990-0~~
~~-08/01/02-01003-024~~
~~***1650.00 ****300.00~~

2. Principal Office Address

15 STARFISH DR.

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

Zip

32960

Country

IND. RIVER

3. Mailing Office Address

15 STARFISH DR.

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

Zip

32960

Country

IND. RIVER

REINSTATEMENT 96-02

4. Date Incorporated or Qualified
To Do Business in Florida

4/17/92

5. FEI Number

59-3189129

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

HENRY J. VOLLBRACHT

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

15 STARFISH DRIVE

Suite, Apt. #, Etc.

City

VERO BEACH

~~000006843990-0~~

~~-08/01/02-01003-024~~

~~***1650.00 ***1650.00~~

~~000006843990-0~~

~~-08/01/02-01003-025~~

~~*****8.75 *****8.75~~

State
FL

Zip Code

32960

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

Henry J. Vollbracht

REGISTERED AGENT MUST SIGN

Date

7/15/02

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
D/P	HENRY J. VOLLBRACHT	15 STARFISH DRIVE	VERO BEACH, FL. 32960
D/V	MARIANNE VOLLBRACHT	15 STARFISH DRIVE	VERO BEACH, FL 32960
D/S	MARY LOU VOLLBRACHT	15 STARFISH DRIVE	VERO BEACH, FL 32960
D/T	HENRY J. VOLLBRACHT	15 STARFISH DR.	VERO BEACH, FL 32960

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:

Henry J. Vollbracht

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/15/02

Daytime Phone #

7/20/02

CR2E081 (9/01)