

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUL -9 AM 9:57

DOCUMENT # V63053

1. Corporation Name

W. D. CASE, INC.

2. Principal Office Address - No P.O. Box #

3193 Grove Road

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

3. Mailing Office Address

3193 Grove Road

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/08/1992

5. FEI Number
650359363

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

William D. Case

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

3193 Grove Rd

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State
FL

Zip Code
33410

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

William D. Case

REGISTERED AGENT MUST SIGN

Date 07/08/2009

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	William D. Case	3193 Grove Road	Palm Beach Gardens, FL 33410
VP	Warren D. Case	700 Del Lago Cir. #102	Palm Beach Gardens, FL 33410

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 contained in Chapter 119, 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:

William D. Case

William D. Case

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/08/2009

Date

561-512-8530

Daytime Phone #

page 2 of 2

Scott, Tyrone K.

From: Warren Case [wdcaseinc@yahoo.com]

Sent: Friday, July 17, 2009 11:10 AM

To: Scott, Tyrone K.

Subject: WD CASE, INC. DOC# P07000067490

Per our conversation yesterday July 16, 2009, the corporation WD CASE, INC. Document number P07000067490, will not be reinstated. If you have any questions contact me asap. Thank you.

William D. Case
(561) 512-8530