

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

16 OCT 24 PM 5:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000001298

1. Corporation Name

Waycross Winlectric Co.

800291572138

2. Principal Office Address - No P.O. Box #
c/o WGS - Compliance Services 3110 Kettering

3. Mailing Office Address
c/o WGS - Compliance Services 3110 Kettering Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Moraine OH

City & State

Moraine OH

Zip Country
45439-1924 USA

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45439-1924 USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/2002

5. FEI Number

02-0560247

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
No

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays St

Suite, Apt. #, Etc.

City
Tallahassee

State Zip Code
FL 32301

REINSTATEMENT

2013-2016

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S.

Signature of
Registered Agent

Courtney Williams

ASST. Vice President

Date 10.24.16

REGISTERED AGENT MUST SIGN

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
Pres/Dir	Russell A. Stewart	93 Vickers Rd	Waycross GA 31503-8021
Secretary	Michael S. Kirkland	3110 Kettering Blvd	Moraine OH 45439-1924
Treasurer	Sean W. Culler	3110 Kettering Blvd	Moraine OH 45439-1924
Director	Dennis M. Larkin	3110 Kettering Blvd	Moraine OH 45439-1924
Director	Philip E. Muegel	3110 Kettering Blvd	Moraine OH 45439-1924
Director	Monte L. Salsman	3110 Kettering Blvd	Moraine OH 45439-1924

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SEAN W. CULLER, TREASURER

10/24/2016

937 294.533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

* file 1st
do not separate
please

ACCOUNT NO. : 120000000195

REFERENCE : 343448 3776A

AUTHORIZATION:

[Handwritten signature]

COST LIMIT : \$ 1,200.00

ORDER DATE : October 24, 2016

ORDER TIME : 3:11 PM

ORDER NO. : 343448-005

CUSTOMER NO: 3776A

REINSTATEMENT

NAME: WAYCROSS WINLECTRIC CO.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____