

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 NOV 24 PM 12:52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **741389**

1. Corporation Name

WIRA CHRISTMAS KIDS, INC.

Principal Place of Business

Mailing Address

8245 BUSINESS PARK DR.
 PORT ST. LUCIE FL 34952

8245 BUSINESS PARK DR.
 PORT ST. LUCIE FL 34952

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34950

U.S.A.

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

01/19/1978

5. FEI Number

59-1829834

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	CLUTTER, PAULINE	1463A CAPTAINS WALK	FT PIERCE FL 34950
ST	MCNEIL, GRACE	1302 NEBRASKA AVE 6B	FT. PIERCE FL 34950
BDVP	BURCHFIELD, ED	626 KEARNEY ROAD	FORT PIERCE FL
BD	WYATT, GREG & CAROL	8245 BUSINESS PARK DRIVE	PORT ST. LUCIE FL 34952
BD	WILSON, JANE	2125 ESPLANADE WEST	FT PIERCE FL 34982

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCNEIL, GRACE
 1302 NEBRASKA AVE
 BLDG 6 APT B
 FT. PIERCE FL 34950

Name

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

Suite, Apt. #, Etc.

400024982574

City

11/24/03--01098--002 State: Zip Code: **FL 34950**

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

Grace McNeil

Date

11/05/03

REGISTERED AGENT MUST SIGN

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:

Grace McNeil
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GRACE MCNEIL

11/05/03
 Date

(772) 461-2506
 Daytime Phone #

CR2E040 (7/03)