

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 16 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000012098**

1. Corporation Name

WOLFE-GARVIN ENTERPRISES, INC.

Principal Place of Business

Mailing Address

5933 SHANNON CIR.
YOUNGSTOWN FL 32466

5933 SHANNON CIR.
YOUNGSTOWN FL 32466



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

REINSTATEMENT

OB

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/01/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3697010

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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
P	GARVIN, WANEDA WOLFE- K	5933 SHANNON CIR.	YOUNGSTOWN FL 32466

500023854045
10/18/03--01039--009 **150.00

W 10/17

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARVIN, WANEDA WOLFE- K
5933 SHANNON CIR.
YOUNGSTOWN FL 32466

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Waneda Wolfe-Garvin
REGISTERED AGENT/MUST SIGN

Date

10/14/03

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:

Waneda Wolfe-Garvin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03

Date

(850) 914-3077

Daytime Phone #

CR2E040 (7/03)

Tuesday, October 14, 2003

To: Division of Corporations, Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

From: Waneda K. Wolfe-Garvin
Wolfe-Garvin Enterprises, Inc.
5933 Shannon Circle
Youngstown, Florida 32466

Re: Document Number P01000012098
Application for reinstatement
Previous UBR notices not received

Dear Sir or Madam:

Please waive the reinstatement fee. I did not receive the two prior uniform business report notices. Enclosed is the current payment of \$150.00

I appreciate your time.


Waneda K. Wolfe-Garvin