PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 02 when

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 28 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000116037

1. Corporation Name

KIMBERLY WENGER, INC.

Principal Place of Business	Mailing Address
791 96TH AVENUE NORTH NAPLES FL 34108	791 96TH AVENUE NORTH NAPLES FL 34108

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

4. Date Incorporated or Qualified To Do Business in Florida: 12/06/2001

5. FEI Number: 59-3759433 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WENGER, KIMBERLY	791 96TH AVENUE NORTH	NAPLES FL 34108

000008627140
10/28/02--01088--017 **150.00

BM 10/31

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WENGER, KIMBERLY 791 96TH AVENUE NORTH NAPLES FL 34108	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

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: Kimberly Wenger SIGNATURE REQUIRED — Date: 10-23-02
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: Kimberly Wenger SIGNATURE REQUIRED — Kimberly S. Wenger — 10-23-02 — (239) 2930323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KIMBERLY WENGER, INC.
59-3759433

791 96th Ave. N.
Naples, FL 34108

Phone 941 597-5369

October 23, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 6327

Dear Sirs,

I was scared silly to receive the Notice of Dissolution of my corporation yesterday. I spoke to my accountant, Herb Buck, who said new corporations (I filed in Dec of last year) sometimes fall through the cracks at the Div of Corporations and are not sent the UBR notices. I did not receive them and I am hoping that you will accept my fee and application for reinstatement.

Sincerely,

Kimberly Wenger