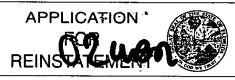
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

**DIVISION OF CORPORATIONS** 

## P01000116037 **DOCUMENT #**

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

FILED

02 OCT 28 AM 10: 02

SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above ad	dresses are i	ncorrect in any way, line	through incorrect	information and	d enter correction below.				
				ling Office Address, If Applicable		4. Date Incorp	oorated or Qualified iness in Florida	12/06/2001	
Suite, Apt. #, etc. Suite,				t, etc.					
City & State			City & State			59-3759433 - Not Applicable			
Zip		Country	Zip		Country	6. CERTIFICAT	E OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names ar	nd Street Add	resses of Each Officer ar	d/or Director (Fk	orida nonprofit	corporations must list at	least 3 directors)			
Title(s) Name of Officers and/or Directors				Street Address of Ea Officer and/or Direc					
D	WENGER, KIMBERLY			791 96TH AVENUE NORTH		<del></del>	NAPLES FL 34108		
				10/28		10/28/	D <b>DOO8627140</b> 3/0201088017 **150.00		
					Tidel vand				
					M	10131			
		· · · · · · · · · · · · · · · · · · ·			<u>, 6</u>				
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
WENCE	D KINDEDI	v			Name				
WENGER, KIMBERLY 791 96TH AVENUE NORTH					Street Address (P.O. Box Number is Not Acceptable)				
NAPLES FL 34108					Suite, Apt. #, Etc.				
<del>-</del>									
					City		St	ate Zip Code	
10. I, being a	appointed the	registered agent of the al	pove named corpo	oration, am fam	niliar with and accept the	obligations of Secti	on 607.0505, F.S. or 617.0	<del></del>	
Signature of Registered Aç	gent	lings 8	REGISTERED AG	ENT MUST SI	QUIRED		Date	13-02	
11. I certify the	at I am an offi	cer or director or the rec	eiver or trustee en	mpowered to ex	xecute this application as	s provided for in cha	pter 607 or 617, F.S. I furti	ter certify that when filing	

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.

## KIMBERLY WENGER, INC. 59-3759433

Phone 941 597-5369

791 96th Ave. N. Naples, FL 34108

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