

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR 10 PM 2:57

DOCUMENT # 329620

1. Corporation Name

WILSON'S RIVIERA BUY-SELL CO

2. Principal Office Address - No P.O. Box #
505 NORTHWOOD RD

3. Mailing Office Address
P.O. BOX 8117

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

Zip
3340705

Country
US

Zip
33407

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida 05/03/68

5. FEI Number
59-1211269

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
DOROTHY K. WILSON

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

Suite, Apt. #, Etc.

City
WEST PALM BEACH

State
FL

Zip Code
33407

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Dorothy K. Wilson
REGISTERED AGENT MUST SIGN

Date

03-23-09

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
D,P	DOROTHY K. WILSON	505 NORTHWOOD RD	WEST PALM BEACH, FL 33407
VP	LORETTA K. WILSON	505 NORTHWOOD RD	WEST PALM BEACH, FL 33407

10. 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 contained in Chapter 119, 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:

Dorothy K. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

04-02-09

Date

Daytime Phone #

(561) 833-2506

DOROTHY WILSON