

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 350030

1. Corporation Name

WYCLIFFE COMPANY

Principal Place of Business

Mailing Address

600 NE 55TH TERRACE
MIAMI FL 33137-1316

600 NE 55TH TERRACE
MIAMI FL 33137-1316

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/1969

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1319279

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PST	TERRY, HAROLD	600 NE 55TH TERRACE	MIAMI, FL 33137
D	TERRY, HAROLD	600 NE 55TH TERRACE	MIAMI FL
D	TERRY, LEWIS I	304 STEPHEN STREET	LAMONT, IL 60439
D	CLEARE, EARLE	145 MARGATE MEWS	LONGWOOD FL

100003454951--8
-11/07/00--01061--003
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TERRY, HAROLD
600 NE 55TH TERRACE
MIAMI FL 33137

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.

Signature of
Registered Agent

Harold K. Terry
REGISTERED AGENT MUST SIGN

Date 10-15-00

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.

KE

SIGNATURE:

Harold K. Terry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date or Daytime Phone #

(305) 758-1931
(850) 539-6204

REINSTATEMENT

LD

FILED

00 OCT 19 AM 8:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA



CR2E040 (8/00)