

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUN 20 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 369656

1. Corporation Name

Wildwood Hardware, Inc.

2. Principal Office Address - No P.O. Box #

300 Shopping Center Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

300 Shopping Center Dr.

Suite, Apt. #, etc.

City & State

Wildwood, FL

Zip

34785

Country

US

City & State

Wildwood, FL

Zip

34785

Country

US

REINSTATEMENT

10-11

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

09/14/1970

5. FEI Number

591302999

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

Bonita June Worrell

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

4822 CR 134C

Suite, Apt. #, Etc.

City

Wildwood

State

FL

Zip Code

34785

200208515962

06/06/11--01050--009 ***900.00

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

Bonita Worrell

REGISTERED AGENT MUST SIGN

Date

6/14/11

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
P	Randell Neil Worrell	4822 CR 134C	Wildwood, FL 34785
VP	Bonita June Worrell	4822 CR 134C	Wildwood, FL 34785
S	Bonita June Worrell	4822 CR 134C	Wildwood, FL 34785
T	Randell Neil Worrell	4822 CR 134C	Wildwood, FL 34785

10. E-mail Address: MTNDEWAN@yahoo.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Bonita Worrell Bonita Worrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/3/2011

Daytime Phone #

3986

6/21