

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

01 FEB -5 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #**

1. Corporation Name

WILCO CONSTRUCTION CO. OF FLORIDA  
452268

2. Principal Office Address

1313 S.W. 32 STREET

Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FLORIDA

Zip

33315

Country

U.S.A.

3. Mailing Office Address

1313 S.W. 32 STREET

Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FLORIDA

Zip

33315

Country

U.S.A.

**REINSTATEMENT** 98-2001

4. Date Incorporated or Qualified  
To Do Business in Florida

JULY 10, 1974

5. FEI Number

59-1546845

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

DAVID W. FLESH

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

1313 SW 32 ST

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State

FL

Zip Code

33315

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

David W. Flesh

Date 1-26-01

REGISTERED AGENT MUST SIGN

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
PRES-	DAVID W. FLESH	1313 SW 32 STREET	FT LAUDERDALE, FL-33315
SECRETARY-	MARTINA FLESH	1313 SW 32 STREET	FT LAUDERDALE, FL-33315
V.P.	PAUL W. FLESH	13731 NW 18 STREET	PEMBROKE PINES, FL-33028
			KE

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 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:

David W. Flesh (DAVID W. FLESH)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-01

Date

(954) 763-4376

Daytime Phone #

CR2E081 (9/00)