

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

633331

1. Corporation Name

Woerfel-Western Enterprises, Inc.

2. Principal Office Address

425 Bayshore Drive

Suite, Apt. #, etc.

Apt. 31

City & State

Fort Lauderdale, Florida

Zip

33304

Country

USA

3. Mailing Office Address

425 Bayshore Drive

Suite, Apt. #, etc.

Apt. 31

City & State

Fort Lauderdale, Florida

Zip

33304

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/80

5. FEI Number

39-0513730

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

200008817612
11/06/02--01018--025 **\$950.00

REINSTATEMENT 94-02

7. Name and Address of Current Registered Agent

Name

Althea M. Woerfel

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

425 Bayshore Drive

Suite, Apt. #, Etc.

Apt. 31

City

Fort Lauderdale,

State

FL

Zip Code

33304

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

Althea M. Woerfel By Donna Brown

REGISTERED AGENT MUST SIGN

Date 10-30-02

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.V. S.D.	Althea M. Woerfel	425 Bayshore Drive, Apt. 31	Fort Lauderdale, FL 33304

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:

Althea M. Woerfel
By Donna Brown POA

Althea M. Woerfel

10-30-02

954-568-3090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR-001 (9-01)