

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 19 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

637782

1. Corporation Name

WILMARC OF FLORIDA, INC

2. Principal Office Address

1523 MALLARD CT SAME

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

TITUSVILLE FL

City & State

Zip

32796

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

25 SEP 79

5. FEI Number

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

VANENGELLENBURG ELTJE

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

1523 MALLARD CT

Suite, Apt. #, Etc.

City

TITUSVILLE FL

State

FL

Zip Code

32796

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

REGISTERED AGENT MUST SIGN

Date November 14, 2003

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	VANENGELLENBURG W.C.	1523 MALLARD CT	TITUSVILLE, FL
VICE	VANENGELLENBURG BILL	25302-139th PLACE S.E	KENT, WASH 98042
SEC + TREASURER	VANENGELLENBURG ELTJE	1523 MALLARD CT	TITUSVILLE, FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

14 Nov 03

Daytime Phone #

321-269-5913

CR2E081 (10/02)