

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS



FILED

99 FEB 15 PM 2:14

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **840552**  
 1. Corporation Name  
**WYNNE CONSTRUCTION COMPANY**

Principal Place of Business Mailing Address  
**8240 S CLIPPINGER DR PO BOX 43210 CINCINNATI OH 45243**



**REINSTATEMENT**

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida **04/27/1978**

5. FEI Number **31-0596018**

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)
<del>PD</del>	<del>WYNNE, SR., ROBERT P.</del>	<del>8240 S. CLIPPINGER DR.</del>
SD	WYNNE, BETTY	8240 S. CLIPPINGER DR.
D	KLEKAMP, DONALD P.	8325 GIVEN ROAD
PD	Wynne Jr. Robert P.	7825 Rock Hill Ln.
SD	WYNNE, Betty	762 MANASOTA KEY RD.

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CINCINNATI OH

CINCINNATI OH 45243

CINCINNATI OH 45243

Cincinnati Oh. 45243

Englewood Fla

34223

8. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

9. Name and Address of New Registered Agent

Name **Betty Wynne**  
 Street Address (P.O. Box Number is Not Acceptable) **762 N. MANASOTA KEY RD.**  
 Suite/Apt. #, Etc. **Englewood, Fla**  
 City **34223** State **FL** Zip Code **34223**

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 *Betty Wynne*  
 REGISTERED AGENT MUST SIGN

Date **12/17/98**  
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11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

12. 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). Information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Betty Wynne*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-941-493-513-561  
 12/17/98  
 5548  
 (Daytime Phone #)

CR2E040 (9/98)