

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 840552

1. Corporation Name

WYNNE CONSTRUCTION COMPANY

Principal Place of Business

8240 S CLIPPINGER DR
PO BOX 43210
CINCINNATI OH 45243

Mailing Address

8240 S CLIPPINGER DR
PO BOX 43210
CINCINNATI OH 45243

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

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)
1	2	3
PD	WYNNE, SR., ROBERT P.	8240 S. CLIPPINGER DR.
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.

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

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), F.S. 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

Betty Wynne

99 FEB 15 PM 2:14

RECEIVED
TALLAHASSEE, FLORIDA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

04/27/1978

5. FEI Number

31-0596018

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

500002780945-3

02/19/99-01074-009
****758.00

CINCINNATI OH

CINCINNATI OH 45243

CINCINNATI OH 45243

Cincinnati Oh. 45243

Englewood Fla

34223

500002780945-3

02/19/99-01074-009

****758.00 on Intangible tax

1-941-493-513-561

12/17/98 5548

CR2E040 (9/98)