

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 SEP 27 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000006244

1. Corporation Name

WROBEL AND ASSOCIATES, INC.

821 Morningwood Lane

821 Morningwood Lane

2. Principal Office Address

821 Morningwood Lane

Suite, Apt. #, etc.

City & State

Kennesaw, GA

Zip

30152

Country

USA

3. Mailing Office Address

821 Morningwood Lane

Suite, Apt. #, etc.

City & State

Kennesaw, GA

Zip

30152

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

November 2, 2000

5. FEI Number

582513450

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

500041365995

09/27/04--01043--009 **1050.00

7. Name and Address of Current Registered Agent

Name

HAYDEN WROBEL

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

✓ 1716 Ragland Avenue 1716 Ragland Ave.

✓ Suite, Apt. #, Etc.

✓ City

Clearwater

State

FL

Zip Code

34625

8. I, being appointed the registered agent of the above named corporation, am hereby accepting the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

9/18/04

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.	Mitchell Wrobel	821 Morningwood Lane	Kennesaw, GA 30152
Treas.	Rebecca Wrobel	821 Morningwood Lane	Kennesaw, GA 30152

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)(l), 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

Daytime Phone #

9/16/04 678-4808263

CR2E081 (01/04)