

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F 04000005302

1. Corporation Name

THE WANSKUS ORGANIZATION, LTD., CORPORATION

2. Principal Office Address - No P.O. Box #

1142 RARITAN ROAD

Suite, Apt. #, etc.

City & State

CLARK, NJ

Zip

07066

Country

U.S.A.

3. Mailing Office Address

1142 RARITAN ROAD

Suite, Apt. #, etc.

City & State

CLARK, NJ

Zip

07066

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

JOHN P. WANSKUS

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

4755 HANSARD AVE.

Suite, Apt. #, Etc.

City

NORTH PORT

State

FL

Zip Code

34286

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/9/2010

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
PRESIDENT	JOHN P. WANSKUS	1142 RARITAN ROAD	CLARK, NJ 07066

10. E-mail Address:

WANSKUS @ AOL . COM

(To be used for future annual report notification)

11. I certify that I am an officer or director or the registered agent 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. I further certify, 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]

JOHN P. WANSKUS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

888 266 7555

Daytime Phone #

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY -6 AM 10:03

KS

REINSTATEMENT 08-10

500180497475
05/06/10--01034--016 **\$450.00

500180497475
05/06/10--01034--017 **\$8.75

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/2005

5. FEI #

223377871

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.