

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 8:48

DOCUMENT # **F06207**

1. Corporation Name

Wilmoth Inc.

2. Principal Office Address

16219 Citrus Way

Suite, Apt. #, etc.

3. Mailing Office Address

16219 Citrus Way

Suite, Apt. #, etc.

City & State

Brookville, FL

Zip

34614

Country

USA

City & State

Brookville, FL

Zip

34614

Country

USA

REINSTATEMENT 03-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

599041723

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

Wilmoth, Patricia B.

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

16219 Citrus Way

Suite, Apt. #, Etc.

City

Brookville

State

FL

Zip Code

34614

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 **9/8/06**

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 | PATRICIA B. WILMOTH | 16219 Citrus Way | Brookville, FL 34614 |
| | | | |
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| | | | |
| | | | |
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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 contained in Chapter 119, 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:

Patricia Wilmoth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/06

Date

227-787-4102

34614
Daytime Phone #

2 of 2

Tricia B. Wilmoth, Ph.D.

16219 Citrus Way
Brooksville, FL 34614
352-428-4480
twilmoth@bellsouth.net

September 8, 2006

Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

When we moved from Palm Harbor to Brooksville in September 2002 we filled out all the forms for forwarding our mail. Since we moved to our Brooksville address we have had ongoing problems with mail delivery which we tried to resolve; such as mail being returned to sender as undeliverable, receiving other people's mail, mail sent back marked as no such address, etc. I tried contacting the local post office with no results after a long period of time. I then contacted the regional office in Tampa and they said they would resolve the problem, which they didn't. Finally in sheer frustration I wrote the Post Master General.

If you check you will see that I having been paying my corporate taxes since 1980. I have never missed a payment until a recent audit brought this to our attention. We are still having problems with our mail, such as getting a letter that was postmarked 6 months ago only last week. Another letter to the Post Master general will be going out shortly about this matter. I am requesting that you waive the reinstatement fee because I did not receive the State of Florida annual report notice. I am enclosing a letter to the Post Master General from last year to document our postal problems.

Tricia Wilmoth, Ph.D.

Tricia Wilmoth, Ph.D.
Licensed Psychologist #2696
Wilmoth, Inc.
President