

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** F13000000553

1. Corporation Name

Wells & Wells Construction Co.

900441772789  
12/30/24--01037--013 \*\*730.00

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

612 N. Walnut Street

Suite, Apt #, etc

City & State

Champaign, IL

Zip

61820

Country

USA

3. Mailing Office Address

612 N Walnut Street

Suite, Apt #, etc

City & State

Champaign, IL

Zip

61820

Country

USA

CRCE081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

02/04/2013

5. FET Number

37-1398575

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

No

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt #, Etc.

City

Tallahassee, FL

State

FL

Zip Code

32301-2525

FILED  
4 DEC 30 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

*Constance C. Epsenlaub*

REGISTERED AGENT MUST SIGN

Date 12/24/2024

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
Pr/Dir	Daniel C. Wells	612 N. Walnut Street	Champaign, IL 61820
Se/Dir	Brett Pierce	612 N. Walnut Street	Champaign, IL 61820

10. E-mail Address: csiems@wellsandwells.com

(To be used for future annual report notification)

11. 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., and 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 effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.105, F.S.

SIGNATURE:

*Constance C. Epsenlaub*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/24

Date

DEC 30 2024

Phone #