

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F16540

1. Entity Name
C. JAMES WHEELER, INCORPORATED



Principal Place of Business
2265 LEE RD, STE. 117
WINTER PARK, FL 32789-1858

Mailing Address
3 OCEAN W. BLVD.
6-C-7
DAYTONA BEACH, FL 32114

2. Principal Place of Business
4393 S. Ridgewood Ave
Suite, Apt. #, etc.
STE #5

3. Mailing Address
Suite, Apt. #, etc.

City & State
PT. ORANGE, FL

City & State

04262005 REIN-P CR2E098 (6/04)

4. FEI Number
59-2051084

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip Country
32127-4532 U.S.A.

Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHEELER, C. JAMES
3 OCEANS WEST BLVD 6 CT
DAYTONA BEACH, FL 32118

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CPT
NAME WHEELER, C. JAMES ☐ Delete
STREET ADDRESS ~~2265 LEE RD STE 117~~
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *4393 S. Ridgewood Ave STE #5*
CITY-ST-ZIP *PT. ORANGE FL 32127-4532*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
400054291684
*05/11/05--01057--016 **300.00*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
PT 515

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the person or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *C. James Wheeler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-05 386-304-2393

Date

Daytime Phone #

FILED

05 MAY -2 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

