

F17000003104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

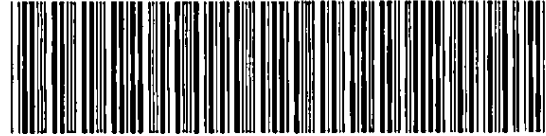
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

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2021 FEB -5 AM 8:29
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GAINESVILLE, FL

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2021 FEB -5 PM 12:31
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Y. SULKER

FEB 06 2021



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 02/04/2021

Name: Jennifer Bialowas

Reference #: 1324264

Entity Name: WARGO ENTERPRISES, INC.

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☒ Reinstatement

☐ Conversion

☐ Merger

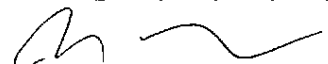
☐ Dissolution/Withdrawal

☒ Fictitious Name

☐ Other _____

File first

Authorized Amount: ~~900.00~~ \$1050

Signature: 

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #		F17000003104	
1. Corporation Name			
Wargo Enterprises, Inc.			
2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
5055 Havens Road		5055 Havens Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Akron NY		Akron NY	
Zip	Country	Zip	Country
14001	United States	14001	United States
CR3E081 (11/10)			
4. Date Incorporated or Qualified To Do Business in Florida		7/12/2017	
5. FEI Number		Applied For	
16-1516434		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		2021 FEB -5 AM 3:29 RECEIVED DEPT OF STATE DIVISION OF CORPORATIONS	
Name			
COGENCY GLOBAL INC.			
Street Address (P.O. Box Number is Not Acceptable)			
115 North Calhoun St. Suite 4			
Suite, Apt. #, Etc.			
City	State	Zip Code	
Tallahassee	FL	32301	
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		Karen McKeown, Asst. Sec. Date 2/4/2021	
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.	John S. Wargo	5055 Havens Rd.	Akron, NY 14001
VP	Lewis J. Wargo	5055 Havens Rd.	Akron, NY 14001
Sec.	Lewis J. Wargo	5055 Havens Rd.	Akron, NY 14001
Treas.	Annette Wargo	5055 Havens Rd.	Akron, NY 14001
10. E-mail Address: rdarcy@warqoent.net (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 legal 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.817.155, F.S.			
SIGNATURE:		2/4/2021 (716) 542-1333	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	