

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 NOV 28 PM 6:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F73419

1. Corporation Name

WENTWORTH REALTY AND DEVELOPMENT CORPORATION

2. Principal Office Address

7878 SW Ellipse Way

Suite, Apt. #, etc.

3. Mailing Office Address

P. O. Box 3089

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

Zip

23997

Country

Martin

Zip

34995

Country

Martin

4. Date Incorporated or Qualified

To Do Business in Florida 3/24/1982

5. FEI Number

59-2199076

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

GEORGE E. WENTWORTH

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

7878 SW Ellipse Way

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34997

300003493409-2
12/11/00-01040-012
****750.00 ****750.00

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 11-17-00

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
P	GEORGE E. WENTWORTH	7878 SW Ellipse Way	Stuart, FL 34997

REINSTATEMENT 00118

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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-17-00

Daytime Phone #

CR2E081 (9/99)