

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F94477

1. Corporation Name

WOLF INVESTMENTS, INC.

Principal Place of Business

Mailing Address

301 N. FERN CREEK AVE.
ORLANDO, FL 32803

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1858 RINGLING BLVD.

Suite, Apt. #, etc.

City & State
SARASOTA, FL

Zip
34236

Country
USA

3. New Mailing Office Address, If Applicable
1858 RINGLING BLVD.

Suite, Apt. #, etc.

City & State
SARASOTA, FL

Zip
34236

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 8/13/82

5. FEI Number
59-2363183

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P, D	INGRID WESTERMANN	1858 RINGLING BLVD.	SARASOTA, FL 34236
VP, D	WOLFGANG WESTERMANN	1858 RINGLING BLVD.	SARASOTA, FL 34236
S, T	RENEA M. GLENDINNING	1858 RINGLING BLVD.	SARASOTA, FL 34236

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-08/20/98--01088--008
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

GEORGE C. MCLARRY
301 N. FERN CREEK AVE.
ORLANDO, FL 32803

9. Name and Address of New Registered Agent

Name
RENEA M. GLENDINNING
Street Address (P.O. Box Number is Not Acceptable)
1858 RINGLING BLVD.
Suite, Apt. #, Etc.

City
SARASOTA

State
FL

Zip Code
34236

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Renaa M. Glendinning
REGISTERED AGENT MUST SIGN

Date 8/10/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Renaa M. Glendinning
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/98 (941) 365-4617
Date Daytime Phone #

CR2EX001198

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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