

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -3 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F 980 0000 1746

1. Corporation Name

WIEGEL ENTERPRISES INC

2. Principal Office Address

1531 ESTUARY TR

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

Zip

Country

Zip

Country

33483

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

1/1/91

5. FEI Number

36-3719426

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

JANET ELMORE

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

1531 ESTUARY TR

Suite, Apt. #, Etc.

City

DELRAY BEACH FL

State

FL

Zip Code

33483

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

Janet Elmore

REGISTERED AGENT MUST SIGN

Date

10/29/04

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
PTD	JANET ELMORE	1531 ESTUARY TR	DELRAY BEACH, FL 33483
SVD	JEAN C. WIEGEL	1550 N. LAKE SHORE DR	CHICAGO, IL 60610
VD	JOANNE R. MEIER	CH DES VIEUX SAULES, 1295	TANNAY/VD, SWITZERLAND

700042439717
11/03/04--01027--022 **750.00

BR 11/9

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:

Janet Elmore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

10/29/04

Date

561-243-9834

Daytime Phone #