

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 DEC 11 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G07632**

1. Corporation Name

Woodburn S. Wesley SR PA

2. Principal Office Address

88 Eglin Pkwy NE

Suite, Apt. #, etc.

City & State

Ft. Walton Bch, FL

Zip

32548

Country

OKla1100SA

3. Mailing Office Address

88 Eglin Pkwy NE

Suite, Apt. #, etc.

City & State

Ft. Walton Bch, FL

Zip

32548

Country

OKa1100SA

REINSTATEMENT

05-06

4. Date Incorporated or Qualified
To Do Business in Florida

11/1/82

5. FEI Number

59-2239639

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Woodburn S. Wesley

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

88 Eglin Pkwy NE

Suite, Apt. #, Etc.

City

Ft. Walton Bch, FL 32548

State

FL

Zip Code

32548

000082147930

11/29/06--01053--006 **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

W. S. Wesley

REGISTERED AGENT MUST SIGN

Date **11/27/06**

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
PD	Woodburn S. Wesley	88 Eglin Pkwy NE	Ft. Walton Bch, FL 32548

600082436146

12/11/06--01025--020 **158.75

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 contained in Chapter 119, 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:

W. S. Wesley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/27/06
Woodburn S. Wesley

Daytime Phone #

850-244-0977