

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 # **G21826**

1. Corporation Name

W. WADE SETLIFF, A.I.A., AND ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

200 LAKE MORTON DR., STE 400

200 LAKE MORTON DR., STE 400

LAKELAND FL 33802-8070

LAKELAND FL 33802-8070

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/07/1983

5. FEI Number

59-2309718

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SETLIFF, W WADE	200 LAKE MORTON DR #400	LAKELAND FL

500002361465--9
-12/02/97--01105--013
******165.00 ****165.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SETLIFF, W. WADE
200 LAKE MORTON DRIVE
SUITE 400
LAKELAND FL 33801

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

W. Wade Setliff pres.

REGISTERED AGENT MUST SIGN

Date **10.28.97**

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:

W. WADE SETLIFF **W. Wade Setliff**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10.28.97

941-683-7501

FILED

97 NOV 26 PM 2:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA



CP22040 (8/97)

W. Wade Setliff, AIA & Associates, P.A., Architects

November 24, 1997

Division of Corporations
Annual Report / Reinstatement Section
Post Office Box 6327
Tallahassee, Florida 32314-6327

Re: Document #G21826 - W. Wade Setliff, AIA and Associates, PA
1997 Annual Report - ID #59-2309718

Gentlemen:

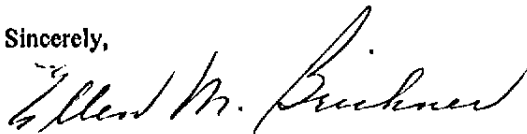
Pursuant to my telephone conversation of this morning with your office, please find enclosed our completed 1997 Annual Report Application with a check in the amount of \$165.00. We had not received our original application due to the mailing address being stated incorrectly and it is our understanding that the Reinstatement Fee will be waived for this reason.

Please note that our address should read as follows:

W. Wade Setliff, AIA and Associates, PA
200 Lake Morton Drive, Suite 200
Lakeland, Florida 33801

Thank you for your help with this matter.

Sincerely,



Ellen M. Brickner
Business Administrator

Enclosure