			to the annual of	the area and a second		
PLEASE READ ALL II	NSTRUCTIONS E	BEFORE C	OMPLETI	NG THIS FORM.		
APPLICATION FLORIDA DEPARTMENT OF STA			<u>:</u> }	APPROVED		
FOR	Sandra B. Mortl	nam"		ANL		
	Secretary of Sta	ate				
REINSTATEMENT DIVISION OF CORPORATIONS			99 JAN -7 PM 4: 10			
DOCUMENT # G92939					• •	
1. Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
WISHBONE IRONWORKS, INC.			TALLAHASSEE, FLÖRIDA			
•			}			
cipal Place of Business Mailing Address			ļ			
% CHARLES E. CANTARA % CHARLES E. CANTARA						
6505 65TH AVE. NORTH PINELLAS PARK FL 33781-5222 PINELLAS PARK FL 34665						
PINELLAS PARK FL 33781-5222 PINELLAS PARK FL 348 US			DEIN	STATEMEN	T 00-00	
If above addresses are incorrect in any way, line through inco	orrect information and enter co	rrection below.	13E BSW	Divis Pistra	UN UP	
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 3.		pplicable	4. Date Incorpo	orated or Qualified		į
PO Box 485 ₺ Suite, Apt. #, etc. Suite, Apt. #, etc.			To Do Business in Florida 03/19/1984			
PO. Box 4					Applied For	
City & State City &	state -aron El.	a.Fl.		59-2392084	Not Applicable	
Zip 33779 Piùellas Zip 33	Country	()	6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status			
		ellas				Ì
7. Names and Street Addresses of Each Officer and/or Director Name of Officers		ons must list at lea				1
Title(s) and/or Directors	s) and/or Directors Offi 2 3 (Do NOT Use		City / State / Zip			ł
PD CANTARA, CHARLES E. 6505 65TH AVE		NORTH	PINELLAS PARK FL			
VST CANTARA, ANDREA J.	6505 65TH AVE. N	5505 65TH AVE. N.		PINELLAS PARK FL		ł
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						İ
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent			
Name						86/6)
CANTARA, CHARLES E.	Street Address (P.O. Box Number is Not Acceptable)					
6505 65TH AVE. NORTH PINELLAS PARK FL 33781		Suite, Apt. #, Etc.				8
(MELLIO I / MILL E OO/O)					į	
	}	City		State	Zip Code	1
10. I, being appointed the registered agent of the above name	d corporation, am familiar with	and accept the ol	bligations of Section			
Signature of Old	ZEREQU	IRED		- 1-6-	-99	
Registered Agent Way REGISTER	RED AGENT MUST SIGN			Date	100	l
11. This corporation owes or has pa	id the current vea	r		12 ND1-1	2-01	ł
Intangible Personal Property tax		Yes 🗌	No 🗆	on inteng	for)information lible tax.)	l
industry to the state of the st						
 I certify that I am an officer or director or the receiver or tru this reinstatement application, the reason for dissolution ha 	stee empowered to execute the	nis application as parte name satisfies	provided for in cha	pter 607 or 617, F.S. 1 further of	ertify that when filing	l
owed by the corporation have been paid and the names of	individuals listed on this form	do not qualify for	an exemption und	ler section 119.07(3)(i), F.S. Ti	ne information indicated	l
on this application is true and accurate, and my signature s	nian nave me same legal effec	as n maye under	, odul.		į	l
an 1 non-	/ <u></u>		- /s -		2002	l
SIGNATURE: Signature Contra	#= LChex	les E	. Canta		480-1773	ı
SIGNATURE AND TYPED OR PRINTED NA	ME OF SIGNING OFFICER OR DI	RECTOR		Date Day	time Phone #	l