

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED  
97 APR -7 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H 20336 (4)

1. Corporation Name

Wilencia INC

Principal Place of Business

Mailing Address

1300 W. Sunrise Blvd  
Ft Lauderdale, FL 33311

10401 NW 40th Pl  
Coral Springs, FL  
33065

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

09/10/84

5. FEI Number

59-2440641

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
Pres.	Willie C. Butler Sr	10401 NW 40th Pl	Coral Springs, FL 33065
			4000002135994-4 -04/08/97-01031-022 *****8.75 *****8.75
			4000002135994-4 -04/08/97-01031-023 *****915.00 *****915.00
			JB4-7-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Joel H Feldman 4500 N Federal Highway #D-207 Boca Raton, FL 33431	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	Suite, Apt. #, Etc.		
	City	State FL	Zip Code

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

Joel H. Feldman, Esq.  
REGISTERED AGENT MUST SIGN

Date

2/18/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Willie C. Butler Sr  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Willie C. Butler Sr

03/10/97  
Date

(954) 755-3831  
Daytime Phone #

CR26040 (12/96)