

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 # J50028

1. Corporation Name

B. WADE, INC.

Principal Place of Business

1196 COURT ST.  
CLEARWATER FL 34616  
US

Mailing Address

1196 COURT ST.  
CLEARWATER FL 34616  
US

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

1651 SAND KEY ESTATES G  
# 62

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CLEARWATER

Zip

Country

Zip

33767

Country

PINELLAS

4. Date Incorporated or Qualified  
To Do Business in Florida

12/31/1986

5. FEI Number

59-2756362

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
P	WADE, WILLIAM A.	1651 GULF BLVD. #62	CLEARWATER FL
VTS	WADE, BOBBIE G.	1651 GULF BLVD. #62	CLEARWATER FL
V	WADE, BRADLEY A.	761 LANTANA AVE.	CLEARWATER FL

000002350030--9  
-11/18/97--01025--015  
\*\*\*\*165.00 \*\*\*\*165.00

B2  
11-7-97

8. Name and Address of Current Registered Agent

WADE, WILLIAM  
1196 COURT ST.  
CLEARWATER FL 34616

9. Name and Address of New Registered Agent

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

*William A. Wade*

REGISTERED AGENT MUST SIGN

Date 11-7-97

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:

*William A. Wade*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-7-97 813 442-674

FILED

97 NOV 13 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1

CR2E040 (8/97)

2

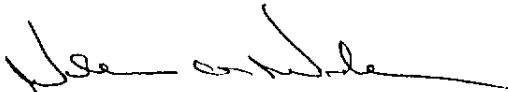
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee FL 32314-6327

11/07/97

Re: B. Wade Inc.

I did not receive any notice about this report until this one.

Please reinstate this corporation. Enclosed is the fee I was told  
by telephone was required.



William A. Wade  
President