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 NOV 26 PM 2:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # J77523

1. Corporation Name

WES LIVINGSTONE AND ASSOCIATES, INC.

REINSTATEMENT 9720

Principal Place of Business	Mailing Address
~~24830 BURNT PINES DR~~ ~~SUITE #3~~ ~~BONITA SPGS FL 33923~~ US	~~24830 BURNT PINES DR~~ ~~SUITE #3~~ ~~BONITA SPGS FL 33923~~ 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
13120 BURNING TREE AVE.	c/o PAG ASSOCIATES
Suite, Apt. #, etc.	Suite, Apt. #, etc. 13370 SHIRE LANE
City & State Ft. MYERS, FL	City & State Ft. MYERS, FL
Zip 33919 Country LEE	Zip 33912 Country LEE

4. Date Incorporated or Qualified To Do Business in Florida: 06/08/1987

5. FEI Number: 59-2816385 ☐ 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
PD	LIVINGSTONE, WESLEY	~~24830 BURNT PINES DR~~ 13120 BURNING TREE AVE.	~~BONITA SPGS FL~~ Ft. MYERS, FL 33919

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-12/02/97--01100--002
****915.00 ****915.00

8. Name and Address of Current Registered Agent

LIVINGSTONE, WESLEY
~~24830 BURNT PINES DR~~
~~BONITA SPGS FL 33959~~

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
13120 BURNING TREE AVE.

Suite, Apt. #, Etc.

City Ft. MYERS | State FL | Zip Code 33919

CR2E040 (7/96)

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 Wesley Livingstone Date 11-15-97
REGISTERED AGENT MUST SIGN

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: Wesley Livingstone Wesley Livingstone 11-15-97 (941) 768-1044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #