

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris
Secretary of State**

DIVISION OF CORPORATIONS

FILED

01 JUN 25 PM 5:34

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K 39805

1. Corporation Name

Willen, Inc.

2. Principal Office Address

110 Seagate Road

Suite, Apt. #, etc.

City & State

Palm Beach FL

Zip

33480

Country

USA

3. Mailing Office Address

110 Seagate Road

Suite, Apt. #, etc.

City & State

Palm Beach FL

Zip

33480

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/18/1988

5. FEI Number

65-0076632

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

William G. De Gray

300004462003-4

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

110 Seagate Road

Suite, Apt. #, Etc.

City

Palm Beach

State

FL

Zip Code

33480

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

William G. De Gray

Date 6/5/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	William G. De Gray	110 Seagate Road	Palm Beach, FL 33480

REINSTATEMENT 9-01 TO

10. 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 G. De Gray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/01 (56) 881-9552

Date

Daytime Phone #

CR2E081 (9/00)