

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**

**3. Mailing Office Address**

110 Seagate Road

110 Seagate Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**City & State**

Palm Beach FL

Palm Beach FL

**Zip**

**Country** USA

**Zip**

**Country** USA

33480

~~Palm Beach~~

33480

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

07/06/01 01035 030

\*\*\*1200.00 \*\*\*1200.00

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 9/5-01 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

Date

(561) 881-9552

Daytime Phone #

CR2E081 (8/00)