

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED


102

06 MAY 25 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Signature]*

CR2E081 (12/05)

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L10109

1. Corporation Name

WILMAC INDUSTRIES, INC.

2. Principal Office Address

3005 Waylon Lane

Suite, Apt. #, etc.

City & State

Valrico, FL

Zip

33594

Country

3. Mailing Office Address

3005 Waylon Lane

Suite, Apt. #, etc.

City & State

Valrico, FL

Zip

33594

Country

4. Date Incorporated or Qualified  
To Do Business in Florida - 8/17/89

5. FEI Number

59-29062131

☒ 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 Hodgdon

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

3005 Waylon Lane

Suite, Apt. #, Etc.

City

Valrico

State

FL

Zip Code

33594

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 5-13-06

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
Pres	William Hodgdon	3005 Waylon Lane	Valrico, FL 33594
Sec.	Sandra Hodgdon	3005 Waylon Lane	Valrico, FL 33594

000075873300  
06/06/06--01015--008 \*\*2123.75

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 contained in Chapter 119, 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:

*[Signature]* William Hodgdon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-06

Date

813-689-1705

Daytime Phone #

292

May 13, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Wilmac Industries, Inc.**  
**Ref. Number L10109**

Dear Sir or Madam:

This is my formal request to reinstate the above referenced Corporation on the grounds that I did not receive my 1994 annual report. At the time the report was sent, I had gotten a divorce and was no longer living at the residence listed in your records. Also at that time, my accountant resigned due to declining health. I was unaware of the fees required.

I have enclosed the appropriate Corporation Reinstatement form as well as the \$2123.75 reinstatement fees.

Thank you in advance for your assistance in resolving this matter.

Respectfully,

William Hodgdon

