

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 17 PM 12:40

DOCUMENT # **L45026**

1. Corporation Name

W. W. CONSULTANTS, INC.

Principal Place of Business

~~0401 SW 15TH ST.~~
GAINESVILLE FL 32608
US

Mailing Address

P O BOX 140 485
GAINESVILLE FL 32614
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3436 SW 42nd Ave.

Suite, Apt. #, etc.

24

City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/25/1990

5. FEI Number

59-2990107

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 3	City / State / Zip 4
D	ANNIN, WILLIAM P.	6420 S.W. 35 WAY	GAINESVILLE FL
P	ANNIN, NELLE	6420 SW 35TH WAY	GAINESVILLE FL

300003440333-4
-10/26/00--01052--014 -
*****750.00 *****750.00

10/16/23

8. Name and Address of Current Registered Agent

ANNIN, WILLIAM P.
6420 S.W. 35TH WAY
GAINESVILLE FL 32608

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 P. Annin
REGISTERED AGENT REQUIRED
REGISTERED AGENT MUST SIGN

Date **Oct 16, 2000**

11. 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)(l), 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 P. Annin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/2000
Date

352-375-8583
Daytime Phone #

CR2E040 (8/00)