

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 24 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 77782**

1. Corporation Name

**WHALEN BUSINESS SERVICES,
INC.**

2. Principal Office Address

5397 OAK BAY DR N

Suite, Apt. #, etc.

3. Mailing Office Address

3536 UNIVERSITY BLVD.

Suite, Apt. #, etc.

220

City & State

JACKSONVILLE, FL.

City & State

JACKSONVILLE, FL.

Zip

32277

Country

USA

Zip

32277

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/5/90

5. FEI Number

59-2945039

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

DONA R. WHALEN

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

5397 OAK BAY DR N.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State
FL

Zip Code

32277

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 of Dona R. Whalen]

REGISTERED AGENT MUST SIGN

Date

1-23-03

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.	DONA R. WHALEN	5397 OAK BAY DR N	JACKSONVILLE FL
V/P	DONAVAN A. WHALEN	"	"

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:

[Signature of Dona R. Whalen]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONA R. WHALEN

Date

1-23-03

Daytime Phone #

904-744-3778

CR25081 (10/02)

2nd 2

WHALEN BUSINESS SERVICES, INC.
3536 UNIVERSITY BLVD. #220
JACKSONVILLE, FL 32277

January 21, 2003

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

Gentlemen:

Whalen Business Services, Inc. moved from 3728 Phillips Highway, Jacksonville, Florida 32256 in May of 2001 to 5397 Oak Bay Drive N., Jacksonville, Florida 32277 (mailing address 3636 N University Blvd., Jacksonville, Florida 32277)

Since the Corporate renewal notice from your office was undoubtedly sent to the Philips address and the Post Office no longer forwards our mail there, I've have never received a renewal notice. Consequently, we have discovered that our corporation has been dissolved as of October 4, 2002.

Please reinstate my company without penalty. I am enclosing a check for \$300.00, \$150.00 for 2002 and \$150.00 to pay through 2003.

Sincerely,

Dona R. Whalen, Pres.

Dona R. Whalen
President
Agent of Record