

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
97-99
Secretary of State
DIVISION OF CORPORATIONS

FILED

93 JUN 17 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M64352

1. Corporation Name

Wilson & Taylor, Inc.

Principal Place of Business

Mailing Address

1860 Old Hwy 98
Destin, FL 32541

Same

REINSTATEMENT... 97-99

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/88

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2863604

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
S/D	Wilson, Norville E., Jr.	1860 Old Hwy 98	Destin, FL 32541
P/D	Wilson, Clare T.	"	"
V/D	Wilson, William N.	"	"
			000002914960--6 -06/24/99--01101--013 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

Wilson, Norville E., Jr.
1860 Old Hwy 98
Destin, FL 32541

9. Name and Address of New Registered Agent

Name

William Norville Wilson II

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

1860 Old Hwy 98

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32541

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 N. Wilson

REGISTERED AGENT MUST SIGN

Date 6/15/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 taxes 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 N. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/99
Date

(850) 654-5501
Daytime Phone #

CR2E081 (12/98)