

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N49958

1. Entity Name
WHEEL & RIM INSTITUTE OF SAFETY, INC.



Principal Place of Business
5121 BOWDEN ROAD
SUITE 303
JACKSONVILLE, FL 32216

Mailing Address
5121 BOWDEN ROAD
SUITE 303
JACKSONVILLE, FL 32216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10062006 REIN-NP CR2E099 (11/05)

4. FEI Number
59-3141651

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOLPE, ANGELO
5121 BOWDEN RD.
SUITE 303
JACKSONVILLE, FL 32216

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2007, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME BLACKER, MIKE
STREET ADDRESS 7140 OFFICE CIR
CITY-ST-ZIP EVANSVILLE, IN 477160600

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900082647579
CITY-ST-ZIP 12/19/06--01056--011 **\$61.25

TITLE DP ☒ Delete
NAME WILLIS, DAVID
STREET ADDRESS 1121 68TH ST
CITY-ST-ZIP BALTIMORE, MD 21237

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FERRARI, PALMA
STREET ADDRESS 345 15TH ST NW
CITY-ST-ZIP BARBERTON, OH 44203

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME VOLPE, ANGELO
STREET ADDRESS 5121 BOWDEN RD., #303
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☐ Change ☒ Addition
NAME Robyn Spitzke-Kent
STREET ADDRESS 2525 Inkster Blvd
CITY-ST-ZIP Winnipeg, MB R2X 2G8

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Angelo Volpe ANGELO VOLPE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-17-06

Date

904-737-2900

Daytime Phone #