

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 26 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000005625**

1. Corporation Name

Wyman Fields Foundation, Inc.

2. Principal Office Address

104 Rhoden Ln

Suite, Apt. #, etc.

City & State

Winter Springs, Fl

Zip

32708

Country

U.S.

3. Mailing Office Address

104 Rhoden Lane

Suite, Apt. #, etc.

City & State

Winter Springs, Fl

Zip

32708

Country

U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/30/1996

5. FEI Number

593405782

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

Candace A. Birle

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

104 Rhoden Lane,

Suite, Apt. #, Etc.

City

Winter Springs

State

FL

Zip Code

32708

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

Candace A. Birle, CEO
REGISTERED AGENT MUST SIGN

Date 10-20-2004

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.	Candace A. Birle	104 Rhoden Lane	Winter Springs, Fl 32708
Sec.	Candace A. Birle	"	"
Treas.	Candace A. Birle	"	"
CEO	Candace A. Birle	"	"
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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:

Candace A. Birle, CEO

Candace A. Birle, CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-2004

Date

Daytime Phone #

CR2E081 (01/04)