

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUN -5 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000000022**

1. Corporation Name

Wilderness Cove Inc

2. Principal Office Address

RR 1 Box 81
5269 Clayton Court

Suite, Apt. #, etc.

Ste 5

City & State

Robbinsville NC
Ft. Myers

Zip

28771
33907

Country

USA

3. Mailing Office Address

RR 1 Box 81

Suite, Apt. #, etc.

City & State

Robbinsville NC

Zip

28771

Country

USA

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

12-23-96

5. FEI Number

65-0677112

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

Robert W. Loafman William Loy

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

RR 1 Box 81 5269 Clayton Court

Suite, Apt. #, Etc.

Ste 5

City

Robbinsville

Ft. Myers

State ***@ 50

FL 33907

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]

REGISTERED AGENT MUST SIGN

Date **5-10-00**

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
Dir	Ray Ledford	3425 Rainbow Dr.	Waxhaw NC 28173
Dir	Rob Loafman	RR 1 Box 81	Robbinsville NC 28771
Dir	William Loy	5269 Clayton Ct. #5	Ft. Myers FL 33907
Dir	Scott Ricker	7210 Westpointe Blvd. #1325	Orlando FL 32835
REINSTATEMENT 99-00 1/TS			

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] **Robert Loafman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-00

Date

828 479-2993

Daytime Phone #

CR2E081 (9/99)