

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 MAR 31 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

P000000 62873

Kurt A Wyland, P.A.  
W09-4514

2. Principal Office Address - No P.O. Box #

11503 Windsor Bay Pl

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Wellington FL

City & State

Zip

33449

Country

USA

Zip

Country

600142297716  
01/28/09--01027--024 \*\*150.00

REINSTATEMENT 04-09

4. Date Incorporated or Qualified  
To Do Business in Florida

4/17/2002

5. FEI Number

65-1021983

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

Kurt A Wyland

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

11503 Windsor Bay Place

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33449

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

600142297716  
03/31/09--01003--019 \*\*458.75

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

K Wyland

REGISTERED AGENT MUST SIGN

Date 12/30/08

**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
D	Kurt A Wyland	11503 Windsor Bay Pl	Wellington FL 33449
T	Jill M Wyland	11503 Windsor Bay Pl	Wellington FL 33449

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01/28/09--01027--025 \*\*150.00

600142297716  
01/28/09--01027--026 \*\*150.00

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 contained in Chapter 119, 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:

Jill M Wyland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/08 561-632-4240

Date

Daytime Phone #

004/1