

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

02 JAN 10 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000069393**

1. Corporation Name

WAHOO ENTERPRISES, INC.

2. Principal Office Address

1254 Highway A-1-A

Suite, Apt. #, etc.

City & State

Satellite Beach, FL

Zip

32937

Country

U.S.A.

3. Mailing Office Address

779 E. Merritt Island Cway

Suite, Apt. #, etc.

Suite 768

City & State

Merritt Island, FL

Zip

32952

Country

U.S.A.

REINSTATEMENT

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

5. FEI Number

59-3232700

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

John F. Hooley

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

3227 South Horseshoe Drive

Suite, Apt. #, Etc.

Suite 105

City

Naples

State

FL

Zip Code

34104

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

John F. Hooley

REGISTERED AGENT MUST SIGN

Date

1/8/02

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
P	Alan P. Hooley	Suite 768 779 E. Merritt Island Cway	Merritt Island, FL 32952
VP	John S. Hooley	462 Summers Creek Drive	Merritt Island, FL 32952
T	Betty G. Hooley	462 Summers Creek Drive	Merritt Island, FL 32952
S	John F. Hooley	Suite 105 3227 S. Horseshoe Drive	Naples, FL 34104

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:

Alan P. Hooley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-2-2002 (321) 777-3367

Daytime Phone #