

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 10 PM 4:00

DOCUMENT # P00000073486

1. Corporation Name

FOLIO WEALTH MANAGEMENT, INC.

Principal Place of Business

Mailing Address

1448 W BUSCH BLVD
TAMPA FL 33612

1448 W BUSCH BLVD
TAMPA FL 33612



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~205 N. Joanna Ave.~~

3. New Mailing Office Address, If Applicable

~~Suite, Apt. #, etc.~~

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/2000

5. FEI Number

59-3670556

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BOSCO, KRISTINE	1448 W BUSCH BLVD 205 N. Joanna Ave	TAMPA FL 33612 TAVARES, FL 32778

900004740419--0
-12/27/01--01010--008
****150.00 ****150.00

8. Name and Address of Current Registered Agent

BOSCO, KRISTINE
1448 W BUSCH BLVD
TAMPA FL 33612

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

KBond

REGISTERED AGENT MUST SIGN

Date

11/1/01

11. 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:

KBond Kristine Bosco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/01

352-343-
2700
Daytime Phone

2012

DATE: 1 NOVEMBER 01
TO: DEPARTMENT OF CORPORATIONS
FROM: KRISTINE BOSCO
RE: FOLIO WEALTH MANAGEMENT, INC.

I recently received the following packet of information in the mail. I have not been at this address for a long time now and have not received any correspondence from you except for this "Notice of Administrative Dissolution or Revocation" packet.

I have no intention to dissolve my corporation and request that you please accept my payment of \$61.25 to bring me up to date with my corporation.

Please note that my business address is as follows;

Kristine Bosco
The Ruggie Group, Inc.
205 N. Joanna Ave.
Tavares, FL 32778

If you have any questions, please do not hesitate to give me a call at (352) 343-2700.

Thank you for your assistance with this matter.

Sincerely,

KBosco

Kristine Bosco

Enclosures