

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 10 AM 11:07

DOCUMENT # P00000083290

1. Corporation Name

WIEHLE PROPERTIES, INC.

Principal Place of Business

722 VILLAGE PLACE
BRANDON FL 33511

Mailing Address

722 VILLAGE PLACE
BRANDON FL 33511

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/25/2000

5. FEI Number

59-3695508

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WIEHLE, JAMES MICHAEL	722 VILLAGE PLACE	BRANDON FL 33511
D	WIEHLE, LESLEY ALAINE	722 VILLAGE PLACE	BRANDON FL 33511

600013084636
02/25/03--01025--002 **750.00

600013084636
03/07/03--01079--007 **150.00

8. Name and Address of Current Registered Agent

WIEHLE, JAMES MICHAEL
722 VILLAGE PLACE
BRANDON FL 33511

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. or 617.0505, F.S.

Signature of
Registered Agent

James M. Wiehle
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 2-17-03

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: *James M. Wiehle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-03

Date

813-6846051

Daytime Phone #

CR2E040 (802)