

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 DEC 21 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000090874**

1. Corporation Name

**WIRESMART CORPORATION**

Principal Place of Business

Mailing Address

1433 HARBOR DRIVE  
SARASOTA FL 34239

1433 HARBOR DRIVE  
SARASOTA FL 34239

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

09/26/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-1045620

Not Applicable

Zip Country

Zip Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
President	Edwin S. Moders III	1433 Harbor Dr	Sarasota, FL 34239

100004883321--3  
-02/06/02--01055--011  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCGINNESS, W. LEE  
1800 SECOND STREET  
SUITE 971  
SARASOTA FL 34236

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

11/14/01

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)(l), 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:

*Edwin S. Moders III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President & CEO  
3 Nov 2001 941-953-9473  
Date Daytime Phone #

CR2E040 (8/01)

282

WireSmart Corporation  
1433 Harbor Drive  
Sarasota, FL 34239

3 November 2001

Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32313

RE: EIN 65-1045620

Dear Sir-or Madam:

My name is Ed Mooers and I am the President and CEO of WireSmart Corporation. The reason I am writing is I received a Notice of Dissolution in the mail recently. I never received any notice prior to this one so I am shocked by what has happened. We are a small corporation and we have had many expenses with no revenues to date. This amount would break the bank so to speak. The \$150.00 is hard enough but we will manage. Please reduce the fee required to bring our corporation back into good standing with your office.

Thank you for your help in this matter.

Sincerely,



Edwin S. Mooers  
President & CEO  
WireSmart Corporation