PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR [redacted]

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

FILED
02 OCT 28 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000000549

1. Corporation Name

WIESING ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1111 6TH ST S NAPLES FL 34102	1111 6TH ST S NAPLES FL 34102

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

4/17/02 90123 004 $350.00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. 663 - 11th Ave. S.
City & State	City & State Naples FL
Zip / Country	Zip 34102 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/26/2000

5. FEI Number ~~APPLIED FOR~~ 65-1078389 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WIESING, SUSAN B	1111 6TH ST S	NAPLES FL 34102

02 4BR

8. Name and Address of Current Registered Agent

WIESING, SUSAN B
1111 6TH ST S
NAPLES FL 34102

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

CR2E040 (8/02)

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 SIGNATURE REQUIRED Date 10/21/02

REGISTERED AGENT MUST SIGN

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.

239 263 7074

SIGNATURE: SIGNATURE REQUIRED Date 10/21/02 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Page 1 of 2

SUSAN B. WIESING
WIESING ENTERPRISES, INC.
1111-6th Street South, Naples, FL 34102
239 263-7074

October 21, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Application for Reinstatement
Document #P01000000549
Wiesing Enterprises, Inc.

To Whom it May Concern:

Please be advised the the $150 filing fee was made on April 2, 2002, by check #1296. Per conversation with your staff, please reference the following information: 4/17/02 90123 004 $150.

Wiesing Enterprises, Inc. did not receive any written follow-up pertaining to this application or payment at any time indicating the rejection of the form or process. Therefore, we are requesting waiver of the $600 reinstatement file as the original payment has already been received and processed by the State.

Thank you for your prompt confirmation of this matter.

Sincerely,

Susan B. Wiesing
President