

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 NOV 20 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000008530

1. Corporation Name **WADE'S PLACE INC**
200 W. Forsyth St
Jacksonville FL 32202-4349

2. Principal Office Address
200 W. Forsyth St.

Suite, Apt. #, etc.

City & State
Jax FL 32202

Zip Country
32202 U.S.

3. Mailing Office Address
200 W. Forsyth St

Suite, Apt. #, etc.

City & State
Jax FL 32202

Zip Country
32202 U.S.

4. Date Incorporated or Qualified
To Do Business in Florida 1/22/2001

5. FFL Number
59-3713203

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **WADE / NIERGARLT**
Street Address (P.O. Box Number is Not Acceptable)
11335 Mandarin Ridge Lane
Suite, Apt. #, Etc.
City Jacksonville

600009109216
11/20/02--01058--001 **150.00
State Zip Code
FL 32258

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

REGISTERED AGENT MUST SIGN

Date 10-26-02

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	WADE / NIERGARLT	11335 Mandarin Ridge Lane	Jax. FL 32258

10/22

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-02 (Ext) 791-9364

Date

Daytime Phone #

CR2001 (9/01)

- Please Do Not Remove -

2

**Terence N. Thurson Inc.
Full Service Accounting Firm
8716 Lem Turner Road
Jacksonville, Florida 32208**

**Tele 904-764-7717
Fax 904-766-7608**

**Baymeadows Location:
9838 Old Baymeadows Road Suite 382
Jacksonville, Florida 32256**


October 25, 2002

Department of State
P O Box 6327
Tallahassee, Fl 32314

Reference: 59-3713203
Wade's Place Inc.
200 West Forsyth Street
Jacksonville, Florida 32202

I have attached a copy of the public inquiry off the Internet on the above corporation. As you can see it used the shareholders personal address for its corporation. The shareholder Mr. Niergarth moved to his new address in October of 2001 which is 11335 Mandarin Ridge Lane Jacksonville, Florida 32258. So it never received its annual report. Please accept the reinstatement annual report and 150.00 dollars along with and reinstate the corporation. Your cooperation will be most appreciated.

Very truly yours,


Terence N. Thurson