

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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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.
Jax FL 32202

REINSTATEMENT 04-06

2. Principal Office Address

200 W Forsyth St

3. Mailing Office Address

200 W Forsyth St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jax FL

City & State

Zip

Country

32202

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3713203

Applied For

Not Applicable

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 / Niergarth

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

11335 Mandarin Ridge Lane

900079939929

09/19/06--01012--021 ***450.00

Suite, Apt. #, Etc.

City

Jacksonville FL 32258

State
FL

Zip Code

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

[Signature]

Date 8/19/09

REGISTERED AGENT MUST SIGN

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 / Niergarth	11335 MANDARIN Ridge LN.	Jax. FL 32258

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 contained in Chapter 119, 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

8-29-06 90791-9314

Date

Daytime Phone #

292

**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, Fl 32256**

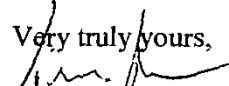
August 28, 2006

Department of State
Reinstatement Division
P O Box 6327
Tallahassee, Fl 32314

Reference: 59-3713203
Wade's Place Inc
200 W Forsyth Street
Jacksonville, Fl 32202
Annual Reports for 2004,2005,2006

The above reference corporation had a change of ownership with his landlord and has been having trouble in getting his mail. He never received his annual reports for 2004,2005 and 2006. He has enclosed a check for 450.00 dollars to reinstate his corporation. Please waive the 600.00 dollar penalty. Your cooperation will be greatly appreciated.

Very truly yours,


Terence N. Thurson