

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 DEC 23 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000040173

1. Corporation Name

WHISPERS ENTERPRISES, INC.

2. Principal Office Address

11159 Tamiami Trail

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

Zip

33955

Country

USA

3. Mailing Office Address

11159 Tamiami Trail

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

Zip

33955

Country

USA

900009636799
12/23/02--01054--014 ***750.00

RECEIVED 12/23/02

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

651099025

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

RANDAZZO, SEBASTIAN

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

11159 Tamiami Trail

Suite, Apt. #, Etc.

City

Punta Gorda

State

FL

Zip Code

33955

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

Sebastian Randazzo
REGISTERED AGENT MUST SIGN

Date 11-12-02

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
D	RANDAZZO, SEBASTIAN	8859 FORDHAM STREET	FT MYERS FL 33907

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:

Sebastian Randazzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-12-02 (23) 994-3981

Daytime Phone #