

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 23 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000041447

1. Corporation Name

WHITTEN INVESTMENT SERVICES, INC.

Principal Place of Business

Mailing Address

3363 W. COMMERCIAL BLVD., STE. 202
FT. LAUDERDALE FL 33309

3363 W. COMMERCIAL BLVD., STE. 202
FT. LAUDERDALE FL 33309



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

2. New Principal Office Address, If Applicable

3363 W. COMMERCIAL BLVD.

3. New Mailing Office Address, If Applicable

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-# 98-0237006

Not Applicable

Zip

Country

Zip

Country

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

MR KEVIN WHITTEN SAME AS COMPANY

MR. PAUL BUSHELL

MS LIZ WYATT

300008547673
10/23/02--01066--010 **158.75

Handwritten signature/initials

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST., STE. 1
TALLAHASSEE FL 32301

Name

LIZ WYATT

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

3363 W. COMMERCIAL BLVD

Suite, Apt. #, Etc.

201 A

City

PORT LAUDERDALE

State

FL

Zip Code

33309

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
REGISTERED AGENT MUST SIGN

Date Oct 22-02

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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 22-02 9547394222

Date

Daytime Phone #

CR2E040 (8/02)



WHITTEN INVESTMENT SERVICES INC.

October 22, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL, 32314

Dear Sirs,

I am enclosing the reinstatement notice document number P1000041447. This is the first notice that we have received and were not aware of the annual filing required by the State of Florida. It is our first year in business and all other filings are current and up to date. I do apologize for this oversight and wish to assure you that this will not happen in the future.

Regards,

Liz Wyatt, CFP, CLU, ChFC
Vice President