

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 24 AM 8:00

DOCUMENT # PO1000067447

1. Corporation Name

WOLFE GENERAL CONTRACTORS, INC.

2. Principal Office Address

624 CUMBERLAND DR

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FLAGLER BEACH, FL

City & State

SAME

Zip

32136

Country

F USA

Zip

32136

Country

USA

700025082507
11/26/03--01070--012 **300.00

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/2001

5. FEI Number

593752572

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

JOAN D. WOLFE

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

624 CUMBERLAND DRIVE

Suite, Apt. #, Etc.

City

FLAGLER BEACH

State

FL

Zip Code

32136

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

Joan D. Wolfe

REGISTERED AGENT MUST SIGN

Date 11-18-03

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
PRES.	EARL MACK WOLFE	624 CUMBERLAND DR	FLAGLER BEACH, FL 32136
V. PRES.	J. NICOLE CHATILA	624 CUMBERLAND DR	FLAGLER BEACH, FL 32136

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:

Earl Mack Wolfe

PRESIDENT / EARL MACK WOLFE

11/18/03

386/439-5263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

292

Wolfe General Contractors, INC. 00012942

624 Cumberland Drive
Flagler Beach, FL 32136
PH# (904) 439-5263 FAX# (904) 439-0533

Florida Department of State
Division of Corporations
ATT: Ms. Ruby Dunlap
P. O. Box 6327
Tallahassee, FL 32314

Dear Ms. Dunlap

Thank you so very much for your help and kindness during our phone conversation. Your help in getting my problem solved is of great importance to me.

As I had mentioned in our conversation, I have had health problems over the past couple of years and did not receive or know to file any corporation papers for the 2002 report. My doctor has things under control now and I am recovering. The next due filing will be taken care of as it needs to be.

You will find a check in the amount that you told me to send, \$300.00. Again, I want to thank you for your help.

Thank You for your assistance,


Earl Mack Wolfe, President