

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000068059

1. Corporation Name

WYNEKEN FAMILY ENTERPRISES, INC.

Principal Place of Business

2517 S. TAMiami TRAIL UNIT A
PUNTA GORDA FL 33950

Mailing Address

2517 S. TAMiami TRAIL UNIT A
PUNTA GORDA FL 33950

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/06/2001

5. FEI Number

59-3732243

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WYNEKEN, THOMAS L	1518-5 MAINSAIL DR. 3306 Brentwood Ct	NAPLES FL 34114 Punta Gorda, FL 33950
D	WYNEKEN, HELENE R	1518-5 MAINSAIL DR. 3306 Brentwood Ct	NAPLES FL 34114 Punta Gorda FL 33950
D	WYNEKEN, ANNA GRACE	1518-5 MAINSAIL DR. 3306 Brentwood Ct	NAPLES FL 34114 Punta Gorda FL 33950

8. Name and Address of Current Registered Agent

WYNEKEN, HELENE R
1518-5 MAINSAIL DR.
NAPLES FL 34114

3306 Brentwood Ct
Punta Gorda FL
33950

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Hele R Wyneken
REGISTERED AGENT MUST SIGN

Date Oct 28th, 2002

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:

Thomas Wyneken
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/02 941 5058400

CR2E040 (8/02)

To Whom it may Concern:

Enclosed is a check for \$150.⁰⁰
This notice was the 1st we've received
regarding this. The address on the old ~~corp~~
corporation was an old address.

In a discussion with Scott B. he
told us to send a check for \$150.⁰⁰
and the enclosed form.

Thank You

Thomas L. Weyler