

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC 13 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P01000075351

1. Corporation Name

WuKe & Cole Enterprises Inc

2. Principal Office Address

131 SW 3rd Pl

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral FL

City & State

Zip

33991

Country

USA

Zip

Country

800062116528

12/13/05--01036--008 **900.00

2004-2005 Rpt

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

7/30/01

5. FEI Number

651124705

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

Nicholas M Hempfling

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

131 SW 3rd Pl

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33991

REINSTATEMENT. 04-05

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**

Nicholas M Hempfling

REGISTERED AGENT MUST SIGN

Date 12/7/05

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	Nicholas M Hempfling	131 SW 3rd Pl	Cape Coral FL 33991

[Signature]
12/19

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: *Nicholas M Hempfling*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/7/05 **Daytime Phone #** 239-574-2677

Nicholas M Hempfling