

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 FEB 19 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000082128

## 1. Corporation Name

Wegscheid Appraisal &amp; Real Estate, Inc.

700089718667  
03/01/07--01002--007 \*\*900.00

CR2E081 (1/07)

## 2. Principal Office Address - No P.O. Box #

62120 Frontier Circle

## 3. Mailing Office Address

P.O. Box 749

Suite, Apt. #, etc.

n/a

Suite, Apt. #, etc.

n/a

City &amp; State

LaBelle, Florida 33935

City &amp; State

LaBelle, Florida 33975

Zip

33935

Country

USA

Zip

33975

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/21/2001

## 5. FEI Number

65-1132196

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

Scott C. Wegscheid

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

62120 Frontier Circle

Suite, Apt. #, Etc.

n/a

City

LaBelle

State

FL

Zip Code

33935

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

## 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

REGISTERED AGENT MUST SIGN

Date 2-13-07

## 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	Scott C. Wegscheid	62120 Frontier Circle	LaBelle, Fla. 33935
V.P.	Susan T. Wegscheid	62120 Frontier Circle	LaBelle, Fla. 33935

REINSTATEMENT

B 2/22/07  
2-07

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-07

Date

Daytime Phone #