

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000086865**

1. Corporation Name

WICKLE, INC.

Refer FILED
TO DEC -3 AM 17:17
2001
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

**130 CHILIAM AVE.
PALM BEACH FL 33480**

Mailing Address

**130 CHILIAM AVE.
PALM BEACH FL 33480**



CHILIAN

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

2. New Principal Office Address, If Applicable

~~302 S. County Rd.~~

Suite, Apt. #, etc.

City & State
Palm Beach, Florida

Zip

33480

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

Date Incorporated or Qualified
To Do Business in Florida

08/31/2001

5. FEI Number

651135913

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 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
<i>owner</i>	LISA ROWAN	130 Chiliam Ave.	Palm Beach FL 33480

600808834686
11/06/02--01116--004 **750.00

8. Name and Address of Current Registered Agent

**ROWAN, LISA
130 CHILIAM AVE.
PALM BEACH FL 33480**

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

Lisa Rowan
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **27. Oct. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

27. Oct. 2002