

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000091346

**FILED**  
**Oct 07, 2013**  
**Secretary of State**

**Entity Name:** WINGS OF INDEPENDENCE, INC.

**Current Principal Place of Business:**

2971 SW 3RD TERRACE  
OKEECHOBEE, FL 34974 US

**New Principal Place of Business:**

3856 SW 11TH AVENUE  
OKEECHOBEE, FL 34974 US

**Current Mailing Address:**

3856 SW 11TH AVE  
OKEECHOBEE, FL 34974

**New Mailing Address:**

3856 SW 11TH AVENUE  
OKEECHOBEE, FL 34974 US

**FEI Number:** 04-3603650

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARGRAVES, DORIS A  
3856 SW 11TH AVE  
OKEECHOBEE, FL 34974 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** DORIS HARGRAVES

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** HARGRAVES, DORIS A  
**Address:** 3856 SW 11TH AVE  
**City-St-Zip:** OKEECHOBEE, FL 34974

**Title:** TD  
**Name:** BOYD, CYNTHIA M  
**Address:** 3856 SW 11TH AVE  
**City-St-Zip:** OKEECHOBEE, FL 34974

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** DORIS HARGRAVES

PD

10/07/2013

Electronic Signature of Signing Officer or Director

Date