

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 OCT 11 AM 7:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000102220

1. Corporation Name

WILSON 51 MOVING & STORE, INC.

2. Principal Office Address - No P.O. Box #
2506 MARTINWOOD DRIVE

3. Mailing Office Address
P O BOX 680772

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32808

Country
US

Zip
32868

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida 10/21/2001

5. FEI Number
59-3752735

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
LYSANDER THORPE

Street Address (P.O. Box Number is Not Acceptable)
6327 PINEY GLEN LANE

Suite, Apt. #, Etc.

City
ORLANDO

State Zip Code
FL 32819

☒ 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

Lysander Thorpe
REGISTERED AGENT MUST SIGN

Date 10/04/2007

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	FRANK WILSON	P O BOX 680772	ORLANDO, FL 32868

100110899281
10/11/07--01047--020 **300.00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

10/04/2007

Date

407-402-1335

Daytime Phone #

10/15/07