

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 26 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000013072

1. Corporation Name

Oscar Wegner Enterprises, Inc

2. Principal Office Address

2056 Sunset Pt. Rd

Suite, Apt. #, etc.

Suite 22

City & State

Clearwater, FL

Zip

33765

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

Feb 5, 2002

5. FEI Number

02-0553845

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

Oscar E. Wegner

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

2056 Sunset Point Rd

Suite, Apt. #, Etc.

Suite 22

City

Clearwater

State

FL

Zip Code

33765

300024994963
11/24/03--01129--001 **15.75

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

11/19/03

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	Oscar E. Wegner	2056 Sunset Pt Rd Suite 22	Clearwater, FL 33765
Sec	Oscar E. Wegner	"	"
Treas	Oscar E. Wegner	"	"

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/03 7274498480

Date

Daytime Phone #

CR2E081 (1/0/02)

Clearwater, Florida, November 19th, 2003.

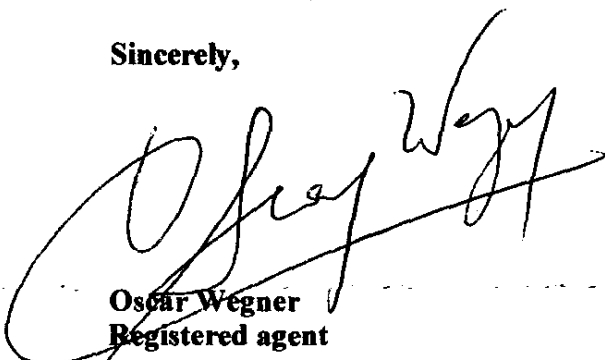
Florida Department of State
Division of Corporations

To whom it may concern:

I am respectfully requesting a waiver of the penalty for late filing of the UBR for Oscar Wegner Enterprises, Inc., because I did not receive the renewal paperwork in the mail in time and I have not received it at this point.

Thank you for your assistance.

Sincerely,



Oscar Wegner
Registered agent

2650 SUNSET POINT RD
SUITE 22
Clearwater FL 33765
(727) 448 8480
FAX (727) 461 5566