

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000015560**

1. Corporation Name

THE WESLYEN INC

Principal Place of Business

11466 LAKEVIEW DR.
CORAL SPRINGS FL 33071

Mailing Address

11466 LAKEVIEW DR.
CORAL SPRINGS FL 33071

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc. **2291 NW 81st Ave**

City & State **Sunrise FL**

Zip **33071** Country **USA**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. **2291 NW 81st Ave**

City & State **Sunrise**

Zip **33071** Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/2002

5. FEI Number

300041508

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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
D	MOMPOINT, GUILAINE	11466 LAKEVIEW DR.	CORAL SPRINGS FL 33071
ADM.	MOMPOINT, KARINE R	11466 LAKEVIEW DR.	CORAL SPRINGS FL 33071

800023766168
10/13/03--01037--029 **150.00

8. Name and Address of Current Registered Agent

MOMPOINT, GUILAINE
11466 LAKEVIEW DR.
CORAL SPRINGS FL 33071

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

Guilaine Mompoint
REGISTERED AGENT MUST SIGN

Date

10/9/03

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:

Guilaine Mompoint
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03

Daytime Phone #

10/9/03

The Wesleyan Inc.

Guilaine Mompoult

3000 41508

To whom it may concern,

I did not receive the VBR notices. I am requesting
a waiver of the reinstatement fee. Enclosed please find
a check for \$150.00 and completed application. I appreciate
your assistance.

Sincerely

Guilaine Mompoult
The Wesleyan Inc