

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB 20 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P 02000018898**

1. Corporation Name

**WARREN + WILT INC**

2. Principal Office Address

**8500 BEACON ST**

Suite, Apt. #, etc.

City & State

**FT. MYERS FL**

Zip

**33907**

Country

**USA**

3. Mailing Office Address

**2419 EAST MALL DR**

Suite, Apt. #, etc.

City & State

**FT. MYERS FL**

Zip

**33901**

Country

**USA**

**REINSTATEMENT 03-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**65-0760776**

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

**ANTHONY SOLLINGER**

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

**8500 BEACON ST**

Suite, Apt. #, Etc.

City

**FT. MYERS, FL 33907**

State

**FL**

Zip Code

**600029026116**  
**02/18/04-01041-010 \*\*300.00**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **1-13-2004**

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
P	ANTHONY SOLLINGER	8500 BEACON ST	FT. MYERS, FL 33907
S-T	THOMAS WILT	12686 SUMMIT DR	FT. MYERS FL 33908

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-13-2004 239-935-3635**

Date

Daytime Phone #

CR2E081 (9/01)



Since 1978

2419-21 EAST MALL DRIVE, FORT MYERS, FLORIDA 33901

(239) 939-3635  
FAX: (239) 939-7342

Florida Department of State  
Division of Corporations

Re: Warren & Wilt Inc.

Enclosed is an application for re-instatement of the above company. This company was incorporated in 2002 and administratively dissolved in 2003. The incorporator moved before the 2003 renewal forms were mailed out and his mail forwarding had expired. He was not aware of the annual filing requirements.

Based on the facts set out above, we would request the the penalty portion of the reinstatement be waived. In anticipation of your approval, enclosed is a check for \$300.00 for 2003 and 2004.

If you require anything further please contact us.

Yours truly,

  
Roderick D. McLeod