

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

IMPROVED
AND
FILED 1/2

05 MAY 31 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02-22908**

1. Corporation Name

Jeff Wiles Auctioneer Inc.

2. Principal Office Address

3008 Leila Estella Dr

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Plant City, FL

Zip

33565

Country

Hillborough

City & State

Zip

Country

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

2-28-02

5. FEI Number

59-3113059

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

Jeff Wiles

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

3008 Leila Estella Drive

Suite, Apt. #, Etc.

City

Plant City

State

FL

Zip Code

33565

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

Jeff Wiles President

REGISTERED AGENT MUST SIGN

Date **5-23-05**

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
PO	Jeff Wiles	3008 Leila Estella Dr	Plant City, FL 33565
VSD	Paula Quiroga	3005 Leila Estella Dr	Plant City, FL 33565

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:

Jeff Wiles President

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

5-23-05

Daytime Phone #

CR2E081 (01/05)

2/2

May 13, 2005

State of Florida
To Whom It May Concern

I have not received a bill for renewal of my corporation.
We moved and the bill must of not been forwarded to
me. I'm requesting that you waive the \$600
reinstatement fee. I would really appreciate it.

Sincerely,

Jeff Wiles

A handwritten signature in cursive script that reads "Jeff Wiles". The signature is fluid and stylized, with a long horizontal stroke at the end.