

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC -1 PM 3: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200138326112

12/01/08--01040--016. **300.00

REINSTATEMENT 07-08
CR2E081 (10/08)

DOCUMENT # p02000058956

1. Corporation Name

Wesley Realty Inc.

2. Principal Office Address - No P.O. Box #

28428 Tall Grass Dr.

Suite, Apt. #, etc.

City & State

Wesley Chapel, Florida

Zip

33543

Country

USA

3. Mailing Office Address

28428 Tall Grass Dr.

Suite, Apt. #, etc.

City & State

Wesley Chapel, Florida

Zip

33543

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

May 29 2002

5. FEI Number

731645000

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

Gordon W. Simmons

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

28428 Tall Grass Dr.

Suite, Apt. #, Etc.

City

Wesley Chapel

State

FL

Zip Code

33543

☒ 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

G. Wesley Simmons
REGISTERED AGENT MUST SIGN

Date November 25, 2008

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	Gordon W. Simmons	28428 Tall Grass Dr.	Wesley Chapel, Florida 33543

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:

G. Wesley Simmons

Gordon W. Simmons

Nov. 25, 2008

813-476-1850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #