

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P02000085757**

1. Corporation Name

Wrann Sales, P.A.

W1-5066

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

275 Turtle Creek Drive

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1641

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

Zip

32459

Country

USA

City & State

Santa Rosa Beach, FL

Zip

32459

Country

USA

**7. Name and Address of Current Registered Agent**

Name

Edward V. Wrann

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

275 Turtle Creek Drive

Suite, Apt. #, Etc.

City

Santa Rosa Beach

State

FL

Zip Code

32459

4. Date Incorporated or Qualified  
To Do Business in Florida

08/05/2002

5. FEI Number

010738771

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.

100167559921  
02/08/10--01067--003 \*\*450.00

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

Date 1/25/2010

REGISTERED AGENT MUST SIGN

**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/D	Edward V. Wrann	275 Turtle Creek Drive	Santa Rosa Beach, FL 32459

M. MILLIGAN  
EXAMINER

FEB - 9 2010

10. E-mail Address: wrannsalespa@aol.com

(To be used for future annual report notification)

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. I further certify, 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

1/25/2010  
Date

Daytime Phone #