

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 25 AM 6:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000104074

1. Corporation Name

Wade & Associates, Inc.

2. Principal Office Address

4261 Twilight Trail

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34746

Country

USA

3. Mailing Office Address

P.O. Box 450457

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34745

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/26/2002

5. FEI Number

56-2300307

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

Cecile M. Wade

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

4261 Twilight Trail

Suite, Apt. #, Etc.

City

Kissimmee,

State

FL

Zip Code

34746

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

Cecile M. Wade
REGISTERED AGENT MUST SIGN

Date 4/22/05

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
Pres	Glennon Wade	4261 Twilight Trail	Kissimmee, FL 34746
V.P.	Cecile M. Wade	4261 Twilight Trail	Kissimmee, FL 34746

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:

Cecile M. Wade
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cecile M. Wade

4/22/05

Date

407-810-4750

Daytime Phone #

CR2E081 (01/05)

Pg 2 of 2

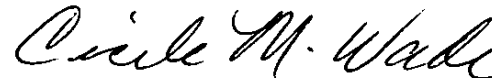
P. O. Box 450457
Kissimmee, Florida 34745
April 22, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32399

Dear Sir:

Enclosed please find \$450.00 for reinstatement of our corporation and \$8.75 for a certificate of status. We did not receive our annual report and we understand that it was returned to the Dept of State. I do not understand why it was mailed to the street address when you should have our mailing address on file. We do not feel that this charge is fair but we are paying it anyway to reinstate the corporation. Please mail everything to our P.O Box as there is no mail receptacle at the street location.

Very truly yours,



Cecile M. Wade
WADE & ASSOCIATES, INC.

cc:

Enclosure