

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 24 PM 12:27

DOCUMENT # **P02000105859**

1. Corporation Name

**WWW.MANAGEMENT, INC**

Principal Place of Business

Mailing Address

**8112 BLUE QUILL TRAIL  
TALLAHASSEE FL 32312**

**8112 BLUE QUILL TRAIL  
TALLAHASSEE FL 32312**



**000024070050**  
10/24/03--01016--007 \*\*150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/02/2002**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**68-0552666**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4     |
|---------------|---|--|-----------------------------|
| <b>D</b>      | <b>WADE, WILLIAM W</b>                    | <b>8112 BLUE QUILL TRAIL</b>                           | <b>TALLAHASSEE FL 32312</b> |
|               |   |  |                             |
|               |   |  |                             |
|               |   |  |                             |
|               |   |  |                             |
|               |   |  |                             |
|               |   |  |                             |

**REINSTATEMENT**

**03**

8. Name and Address of Current Registered Agent

**WADE, WILLIAM W  
8112 BLUE QUILL TRAIL  
TALLAHASSEE FL 32312**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
**REGISTERED AGENT MUST SIGN**

Date **10-09-03**

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 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]*  
**WILLIAM W. WADE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10-09-03 2127264**  
**1129a**

CR2ED40 (7/03)

2/2

Tuesday, October 21, 2003


www.Management, Inc.  
8112 Blue Quill Trail  
Tallahassee, FL 32312

Florida Department of State  
Division of Corporations  
PO. Box 6327  
Tallahassee, FL 32314-6327

To Whom It May Concern:

We respectfully request a waiver of the re-instatement fee due to the fact that we are a new corporation starting business in January of 2003. We did not receive the initial renewal documents (UBRs).

Please find enclosed the Application for Reinstatement and filing fee of \$150.00.

Regards,   
William W. Wade  
Director  
www.Management, Inc.