


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED
04 JUN 22 PM 1:17
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # PO2005107039

1. Corporation Name

Wazee's, Inc.

2. Principal Office Address

3660 St. Johns Ave.
Suite, Apt. #, etc.

3. Mailing Office Address

3660 St. Johns Ave.
Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32205

Country

USA

Zip

32205

Country

USA

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

10/1/02

5. FEI Number

51-0429470

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

Laura Wawzynski

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

3660 St. Johns Ave.

Suite, Apt. #, Etc.

Jacksonville

City

State
FL

Zip Code

32205

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**

Laura Wawzynski

Date 6/16/04

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
<u>Pres.</u>	<u>Laura Wawzynski</u>	<u>3660 St. Johns Ave.</u>	<u>Jacksonville, FL 32205</u>

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:

Laura Wawzynski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/04

Date

(904) 591-5802

Daytime Phone #

CR2E081 (01/04)

Paper

Laura Wawzynski
3660 St. Johns Ave.
Jacksonville, FL 32205

June 16, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

Please waive the \$600 reinstatement fee for Wazee's, Inc., as I never received the 2003 annual report correspondence. Please note, I did pay \$300 for the 2003-2004 annual report.

Sincerely,

Laura Wawzynski
Laura Wawzynski
President of Wazee's, Inc.