

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

04 DEC -6 PM 12: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000127665

1. Corporation Name

Wells Glass Company, Inc.

1901 E. Lee Street
same

2. Principal Office Address

1901 E. Lee Street

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

same

Zip

32503

Country

USA

Zip

Country

REINSTATEMENT

03-04

11/22/04 01049 WGS 900.00

**4. Date Incorporated or Qualified
To Do Business in Florida** 12/03/02

5. FEI Number
05-0611944

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

Sherry L. McCrea

Street Address (P.O. Box Number is Not Acceptable)
3233 Cobblestone Drive

Suite, Apt. #, Etc.

City
Pace

State
FL

Zip Code
32571

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

Sherry L. McCrea / President-Secretary
REGISTERED AGENT MUST SIGN

Date 11-17-04

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,S	Sherry L. McCrea / President-Secretary	5322 Cobblestone Drive	Pace, FL 32571
D	Helen Wells / Director	1901 E. Lee Street	Pensacola, FL 32503
D	Harrison Wells / Director	1901 E. Lee Street	Pensacola, FL 32503

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)(f), 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:

Sherry L. McCrea / President-Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850-995-0811

Daytime Phone #

CR2E081 (01/04)