1082

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 SEP 19 AM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000124994

1. Entity Name
WADE & CO., INC.

Principal Place of Business	Mailing Address
9775 SW 156TH PLACE DUNNELLON, FL 34432	9775 SW 156TH PLACE DUNNELLON, FL 34432

2. Principal Place of Business	3. Mailing Address
9775 S.W. 156th Pl	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

REINSTATEMENT 2005 REIN-FORM (8/04) 04-05

4. FEI Number 33-1074192 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WADE, DEBBIE SUE 9775 SW 156TH PLACE DUNNELLON, FL 34432	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $600.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WADE, JEFFERSON A 9775 SW 156TH PLACE DUNNELLON, FL 34432 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WADE, DEBBIE SUE 9775 SW 156TH PLACE DUNNELLON, FL 34432 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100058788391 08/19/05--01057--002 **308.75
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Debbie S Wade Debbie S. Wade 8-15-05 352-237-6654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

S. Mitchell SEP 19 2005

September 8, 2005

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

To Whom It May Concern::

RE: Wade & Co.,Inc. (Document #P03000124994)

We are writing in response to your letter number 005A00053633. Please allow us to apologize for not being clear in our letter to you dated August 15, 2005 regarding our not receiving annual report notices.

We respectfully submit this letter and the accompanying completed Annual Report/Reinstatement and we sincerely hope this will meet the criteria allowing the Division of Corporations to waive the reinstatement fee.

Thank you again for your consideration.

Respectfully Submitted,

Jefferson A. Wade
Wade & C0., Inc.

Debbie S. Wade
Wade & Co., Inc.