

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000124994

1. Entity Name
WADE & CO., INC.



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

Mailing Address
9775 SW 156TH PLACE
DUNNELLON, FL 34432

2. Principal Place of Business
9775 S.W. 156th PI

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

FEI Number

33-1074192

Applied For

Not Applicable

8. 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 \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WADE, JEFFERSON A
9775 SW 156TH PLACE
DUNNELLON, FL 34432

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WADE, DEBBIE SUE
9775 SW 156TH PLACE
DUNNELLON, FL 34432

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

8-15-05

352-237-6654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

2 of 2

September 8, 2005

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

To Whom It May Concern::

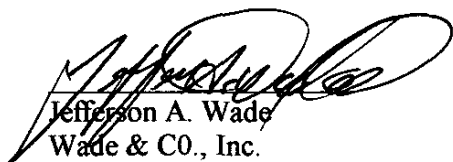
RE: Wade & Co., Inc. (Document #P03000124994)

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.

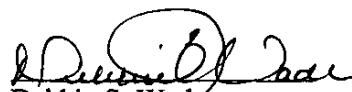
We respectfully submit this letter and the accompanying completed Annual Report/Reinstatement and we sincerely hope this will meet the criteria allowing the Division of Corporations to waive the reinstatement fee.

Thank you again for your consideration.

Respectfully Submitted,



Jefferson A. Wade
Wade & Co., Inc.



Debbie S. Wade
Wade & Co., Inc.