

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 APR 20 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000136057

1. Corporation Name

STEVE WILKERSON, INC.

100173153411
04/20/10--01016--028 **450.00

REINSTATEMENT 07-10

100173153411
03/25/10--01039--005 **150.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

701 GEORGIA AVE

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

LYNN HAVEN, FL

City & State

Zip

32444

Country

US

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 11/19/2003

5. FEI Number

20-0424133

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

STEVE WILKERSON

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

701 GEORGIA AVE

Suite, Apt. #, Etc.

City

LYNN HAVEN

State

FL

Zip Code

32444

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Steve Wilkerson

REGISTERED AGENT MUST SIGN

Date 3-23-10

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	STEVE WILKERSON	701 GEORGIA AVE	LYNN HAVEN, FL 32444

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

Steve Wilkerson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-10 850-265-6089

Date

Daytime Phone #