

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 13 PM 2:06

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Wes Dykes Construction, Inc
P04000003543

100073518271
05/01/06--01059--007 **450.00

2. Principal Office Address

1115 W. magnolia

Suite, Apt. #, etc.

3. Mailing Office Address

1115 W. Magnolia

Suite, Apt. #, etc.

City & State

New Smyrna Beach FL

City & State

New Smyrna Bch FL

Zip

32168

Country

USA

Zip

32168

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-26-03

5. FEI Number

81-0644348

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

Wes Dykes

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

1115 W. Magnolia

Suite, Apt. #, Etc.

City

New Smyrna Bch

State

FL

Zip Code

32168

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

REGISTERED AGENT MUST SIGN

Date 4-5-06

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
D	Wes Dykes	1115 magnolia	New Smyrna Bch, FL 32168

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/06 386
423-8833
Date Daytime Phone #

20fz

Wes Dykes Construction, Inc.
1115 W. Magnolia
New Smyrna Beach, Fl. 32168

April 5, 2006

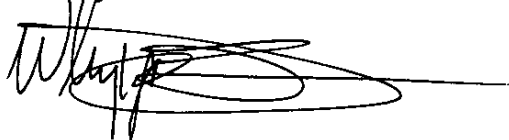
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

To Whom It May Concern:

Enclosed please find the application for Corporation Reinstatement. I am asking to waive the reinstatement fees. Soon after incorporating my business, I went through a divorce and did not receive much of my mail. I recently became aware of the process of filing the annual report and upon trying to do so I became aware that there had been an administrative dissolution. I have enclosed the fees according to the schedule on page 2 of the reinstatement form minus the reinstatement fees. Thank you for your consideration in this matter.

Thank you,

Wes Dykes

A handwritten signature in black ink, appearing to be 'Wes Dykes', with a long horizontal line extending to the right.