

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 26 AM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700177733787
04/27/10--01001--003 **450.00

CR2E081 (4/10)

DOCUMENT # PO4000019777

1. Corporation Name

Wyant Inc

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

545 S. Glancy Dr

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Deltona FL

City & State

Zip

32725

Country

Volusia

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

562433728

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 Alan James Wyant

Street Address (P.O. Box Number is Not Acceptable)
1451 Clearview Ave

Suite, Apt. #, Etc.

City Deland

State FL

Zip Code 32724

PROFIT CORPORATIONS ONLY
 The \$600.00 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

Alan Wyant

REGISTERED AGENT MUST SIGN

Date 4-26-10

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
VP	Alan Wyant	1451 Clearview Ave	Deland FL 32724
P	Patricia Wyant	1451 Clearview Ave	Deland FL 32724

04/26

10. E-mail Address: Wyant Alan @ Yahoo.com

(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:

Alan Wyant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-10

Date

Daytime Phone #