

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000027092

1. Corporation Name

WALLY BRIGGS PA

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

1004 AVIS LN

Suite, Apt. #, etc.

City & State

DELTONA

Zip

FL

Country

USA

3. Mailing Office Address

1004 AVIS LN

Suite, Apt. #, etc.

City & State

DELTONA

Zip

32738

Country

USA

7. Name and Address of Current Registered Agent

Name

WALLY BRIGGS PA

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

1004 AVIS LN

Suite, Apt. #, Etc.

City

DELTONA

State

FL

Zip Code

32738

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

Wally Briggs PA
REGISTERED AGENT MUST SIGN

Date

4/30/07

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
PD	WALLY BRIGGS	1004 AVIS LN	DELTONA FL 32738

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:

Wally Briggs PA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/07

Daytime Phone #

386-860-0841

439-2678484

FILED

07 MAY 14 AM 7:50

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

200103191252
05/24/07--01019--011 **600.00

REINSTATEMENT

CR2E081 (1/07)

05-07

4. Date Incorporated or Qualified
To Do Business in Florida

2/10/04

5. FEI Number

20-0713343

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

ES 75 Additional Fee required
for this Certificate of Status

☒ 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.