


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000053018		
1. Entity Name W.C. WISE FILL & GRADING, INC.		

Principal Place of Business 4081 E FORT APPACHE PLACE DUNNELLON, FL 34434	Mailing Address 4081 E FORT APPACHE PLACE DUNNELLON, FL 34434
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	
WISE, MARTHA M 4081 E FORT APPACHE PLACE DUNNELLON, FL 34434	

7. Name and Address of New Registered Agent	
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 <i>Martha M Wise</i>	DATE
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, MARHTA M	NAME	
STREET ADDRESS	4081 E FORT APPACHE PLACE	STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON, FL 34434	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, MARTHA M	NAME	
STREET ADDRESS	4801 EAST FORT APACHEE PLACE	STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON, FL 34434	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, THOMAS E	NAME	
STREET ADDRESS	4801 EAST FORT APACHEE PLACE	STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON, FL 34434	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Martha M Wise</i>	DATE	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

FILED
08 NOV -3 PM 4: 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10292578	REINSTATEMENT	8 (1/07)	08
4. FEI Number 02-0720181	Applied For Not Applicable		

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

800137571508
11/03/08--01050--012 **150.00