

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAY -5 AM 10:21

DOCUMENT # P04000053137

1. Corporation Name

Dune Erosion Control, INC.

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

8763 Oleander Court

Suite, Apt. #, etc.

City & State

Cape Canaveral, FL

Zip

32920

Country

USA

3. Mailing Office Address

P.O. Box 1496

Suite, Apt. #, etc.

City & State

Cape Canaveral, FL

Zip

32920

Country

USA

600155464396  
05/05/09--01040--006 \*\*\$600.00

REINSTATEMENT

06-09K5

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
05-0599670

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

Henry E. Wilhide

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

8763 Oleander Court

Suite, Apt. #, Etc.

City

Cape Canaveral

State

FL

Zip Code

32920

☐ 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

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip       |
|--------|--------------------------------------|---|--------------------------|
| P      | Henry E. Wilhide                     | 8763 Oleander Court                               | Cape Canaveral, FL 32920 |
| ST     | Karen Wilhide                        | 8763 Oleander Court                               | Cape Canaveral, FL 32920 |
| AS     | Jane Wilhide                         | 8763 Oleander Court                               | Cape Canaveral, FL 32920 |
|        |                                      |   |                          |
|        |                                      |   |                          |
|        |                                      |   |                          |

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

Date

Daytime Phone #