

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000053137

1. Corporation Name

Dune Erosion Control, INC.

2. Principal Office Address - No P.O. Box #  
8763 Oleander Court

3. Mailing Office Address  
P.O. Box 1496

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Cape Canaveral, FL

City & State  
Cape Canaveral, FL

Zip  
32920

Country  
USA

Zip  
32920

Country  
USA

7. Name and Address of Current Registered Agent

Name  
Henry E. Wilhicle

Street Address (P.O. Box Number is Not Acceptable)  
8763 Oleander Court

Suite, Apt. #, Etc.

City  
Cape Canaveral

State  
FL

Zip Code  
32920

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Henry E. Wilhicle	8763 Oleander Court	Cape Canaveral, FL 32920
ST	Karen Wilhicle	8763 Oleander Court	Cape Canaveral, FL 32920
AS	Jane Wilhicle	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

4-30-09

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAY -5 AM 10:21

600155464396  
05/05/09--01040--006 \*\*600.00  
**REINSTATEMENT 06-09KS**

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

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.