

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000128163

1. Corporation Name

ALLAN L Wren, INC

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

4427 20<sup>th</sup> N

3. Mailing Office Address

4427 20<sup>th</sup> N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST Petersburg FL

City & State

ST Petersburg FL

Zip

33714

Country

Pinellas

Zip

33714

Country

Pinellas

**7. Name and Address of Current Registered Agent**

Name

ALLAN L Wren

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

4427 20<sup>th</sup> N

Suite, Apt. #, Etc.

City

ST Petersburg

State

FL

Zip Code

33714

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

ALLAN L Wren

Date 1-27-06

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
<u>owner</u>	<u>ALLAN L Wren</u>	<u>4427 20<sup>th</sup> N</u>	<u>ST Petersburg FL 33714</u>
		<u>01/19/07 01005 015</u>	<u>\$55.00</u>

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:

ALLAN L Wren  
ALLAN L Wren

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-07

Date

727-510-9034

Daytime Phone #

FILED

07 JAN 29 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900087356409

02/05/07--01010--010 \*\*\$95.00

REINSTATEMENT 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

03-01-2004

5. FEI Number

06-1732608

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.

201/30