

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 DEC 28 PM 3: 02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000161342**

1. Corporation Name

**Wolfeling Enterprises Inc**

2. Principal Office Address

**3600 27th Ave S**

Suite, Apt. #, etc.

City & State

**St. Pete FL 3**

Zip

**33711**

Country

**USA**

3. Mailing Office Address

**Same / 3600 27th**

Suite, Apt. #, etc.

City & State

**St. Pete. FL**

Zip

**33711**

Country

**USA**

**REINSTATEMENT**

**05-06** CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

**November 30, 2004**

5. FEI Number

**113735428**

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

**Michael G. Williams**

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

**3600 27th Ave South**

Suite, Apt. #, Etc.

City

**St. Petersburg**

State

**FL**

Zip Code

**33711**

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

**Michael M. Williams**

REGISTERED AGENT MUST SIGN

Date **12/26/06**

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
<b>P/Pre</b>	<b>Michael G Williams</b>	<b>3600 27th Ave So</b>	<b>St. Pete FL 33711</b>
<b>P/Vic</b>	<b>Janice Starling Williams</b>	<b>3600 27th Ave So</b>	<b>St. Pete FL 33711</b>
<b>C/m</b>	<b>Karl Black</b>	<b>1836 49th St. So</b>	<b>St. Pete FL 33707</b>

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:

**Janice Starling-Williams** 12/26/06

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## Cover Letter

**TO:** Division of Corporations  
Clifton Building 2661 Executive  
Center Circle Tallahassee, FL 32301

**From:** Janice Starling-Williams  
3600 27<sup>th</sup> Ave. South  
St. Petersburg, FL 33711

**RE:** Reinstatement Fee Wavier and name change

Wolfeling Enterprises did not receive the annual report notices in the year of (2005) dissolution/revocation. We wish to reinstate and change name of corporation.

Two checks are enclosed. One for \$300.00 and the other for \$35.00 for the name change. New name will be Willstarblack Enterprises Inc. If Question please call at 727 510 -3766

Thanks You  
Janice Starling-Williams

