

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB -6 PM 2: 58

DOCUMENT # P04000164544

1. Corporation Name

Wayne's Metal Framing INC

SECRETARY OF STATE
3001 MELANESSE FLORIDA
02/06/09--01021--005 **500.00

3001 423 80643
01/29/09--01001--005 **150.00

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

P.O. Box 592
Suite, Apt. #, etc.
2824 AVE Q NW

3. Mailing Office Address

P.O. Box 592
Suite, Apt. #, etc.

City & State Lake Alfred FL

Winter Haven FL

Zip 33881
33880

Country

USA

Zip

33850

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-20-04

5. FEI Number

20-2027362

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

Wayne Collins

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

2824 AVE Q NW

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33881

☒ 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

Wayne Collins
REGISTERED AGENT MUST SIGN

Date 2-3-09

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>Pres</u>	<u>Wayne Collins</u>	<u>2824 Ave Q NW</u>	<u>Winter Haven FL</u> <u>33881</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:

Wayne Collins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-09 863 557 2903
Date Daytime Phone #