

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JUN 17 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000039363

1. Corporation Name

R.WINGER, INC.

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

21664 NW 41ST AVE

3. Mailing Office Address

21664 NW 41ST AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAWTEY, FLORIDA

City & State

LAWTEY, FLORIDA

Zip

32058

Country

BRADFORD

Zip

32058

Country

BRADFORD

400157411804
06/18/09--01005--017 **450.00

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 15, 2005

5. FEI Number
30-0310419

☐ 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

RUSSELL R. WINGER

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

21664 NW 41ST AVE

Suite, Apt. #, Etc.

City

LAWTEY

State

FL

Zip Code

32058

☒ 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

Russell R. Winger
REGISTERED AGENT MUST SIGN

Date JUNE 15, 2009

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	RUSSELL WINGER	21664 NW 41ST AVE	LAWTEY, FL 32058

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:

Russell R. Winger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUSSELL R. WINGER

JUNE 15, 2009 727-243-6812

Date

Daytime Phone #