

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 DEC 21 AM 11:30

DOCUMENT # P050C0065372

1. Corporation Name

Dry Wizard Inc.

KS

900163382969
12/07/09--01065--012 ***750.00

REINSTATEMENT 08-09

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

4371 Lynx Paw Tr

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Valrico

City & State

FL, 33596

Zip

33596

Country

USA

Zip

33596

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-8768060

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

Joseph Suszko

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

4371 Lynx Paw Tr

Suite, Apt. #, Etc.

City

Valrico

State

FL

Zip Code

33596

☐ 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 807.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 12/1/09

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
Pres	Joseph Suszko	4371 Lynx Paw Tr	Valrico, FL 33596

900163382969
12/22/09--01026--008 ***158.75

10. E-mail Address: DryWizard@yahoo.com

(To be used for future annual report notification)

11. 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 807.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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:

Joseph C. Suszko

12/1/09 813-6841-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #