

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

STATE OF FLORIDA
10 OCT 20 11:40:41

DOCUMENT # P13000022812

1. Corporation Name

Wilrose, Inc

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

1714 SW Wacahoota Rd

Suite, Apt. #, etc.

City & State

Micanopy, FL

Zip

32667

Country

US

3. Mailing Office Address

1714 SW Wacahoota Rd

Suite, Apt. #, etc.

City & State

Micanopy, FL

Zip

32667

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

3/4/2013

5. FEI Number

52-1961788

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

William Boggs

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

1714 SW Wacahoota Rd

Suite, Apt. #, Etc.

City

Micanopy

State

FL

Zip Code

32667

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

William M Boggs

Date October 24, 2018

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
P/D Pres	William Boggs	1714 SW Wacahoota Rd	Micanopy, FL 32667
V/P	Rosella Smith	1714 SW Wacahoota Rd	Micanopy, FL 32667
D	Jackson Boggs	1714 SW Wacahoota Rd	Micanopy, FL 32667

OCT 29 2018

D. CUSHING

10. E-mail Address: willboggs@willboggs.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 607.0401 or 617.0401, F.S., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

William M Boggs William M. Boggs

10/24/2018

352-466-9156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #