

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

04-05 Rei

FILED

05 SEP 19 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09142005 REIN-P CR2E098 (6/04)

<b>DOCUMENT # P27065</b>			
1. Entity Name <b>WISE OAK CORP.</b>			
Principal Place of Business <b>76 CENTER ST. WATERBURY, CT 06702</b>		Mailing Address <b>76 CENTER ST. WATERBURY, CT 06702</b>	
2. Principal Place of Business <b>823 Belvedere Road</b>		3. Mailing Address <b>4420 Beacon Circle</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 100</b>	
City & State <b>West Palm Beach, FL</b>		City & State <b>West Palm Beach, FL</b>	
Zip <b>33405</b>	Country <b>USA</b>	Zip <b>33407</b>	Country <b>USA</b>

4. FEI Number  
**06-1274414**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>WARD, DAMON &amp; POSNER, P.A. 4420 BEACON CIRCLE STE 100 WEST PALM BEACH, FL 33407</b>		7. Name and Address of New Registered Agent Name <b>Conrad, Damon</b> Street Address (P.O. Box Number is Not Acceptable) <b>Ward, Damon &amp; Posner, PA 4420 Beacon Circle, Suite 100 West Palm Beach FL 33407</b>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Conrad Damon** **9-16-05**  
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT WEISMAN, H.J. "BUDDY" 3729 WOODRUFF AVE OAKLAND, CA 94602</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CAPOZZI, WILLIAM J 823 BELVEDERE RD WEST PALM BEACH, FL 33405</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>823 Belvedere Road</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100059750491 09/19/05--01061--000 \$300.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **William Capozzi, Pres.** **9-16-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #