

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 17 PH 3: 19

DOCUMENT # P33010

1. Corporation Name

WHIBCO, INC.

Principal Place of Business

Mailing Address

6811 BELVEDERE RD.
WEST PALM BEACH FL 33413

87 E. COMMERCE ST.
BRIDGETON NJ 08302

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/1991

SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

191 Shelter Lane
Jupiter Inlet Colony, FL
33469 USA

5. FEI Number

13-5592939

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DS	SJOGREN, JANE B	191 SHELTER LANE	JUPITER INLET COLONY FL 33469
PT	SJOGREN, WADE R	87 E. COMMERCE ST.	BRIDGETON NJ 08302
EVP	SJOGREN, WALTER J (R.)	87 E COMMERCE ST	BRIDGETON NJ 08302

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROWN, MICHAEL D ESQ
BROWN & ASSOCIATES, P.A.
2655 N OCEAN DRIVE, STE 200
RIVIERA BEACH FL 33404

Name

Blumberg Excelsior

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

4435 Old Winter Garden Road

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32811

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

See attached page for Signature

Date

REGISTERED AGENT MUST SIGN

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., 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 under section 119.07(3)(i), 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:

See attached page for Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/00)

Do Not Remove


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Mar-12-01 02:40P WHIBCO, INC.

609 455 9009

P.02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P33010			
1. Corporation Name WHIBCO, INC.			
Principal Place of Business 6811 BELVEDERE RD. WEST PALM BEACH FL 33419		Mailing Address 87 E. COMMERCE ST. BRIDGETON NJ 08302	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable	
Suite, Apt. #, etc. 191 Shelter Lane		Suite, Apt. #, etc.	
City & State Jupiter Inlet Colony, FL		City & State	
Zip 33469		Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 03/04/1991		5. FEI Number 13-8562939	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
DS	SJOGREN, JANE B	191 SHELTER LANE	JUPITER INLET COLONY FL 33469
PT	SJOGREN, WADE R	87 E. COMMERCE ST.	BRIDGETON NJ 08302
EVP	SJOGREN, WALTER + (R.)	87 E COMMERCE ST	BRIDGETON NJ 08302
8. Name and Address of Current Registered Agent			
BROWN, MICHAEL D ESQ BROWN & ASSOCIATES, P.A. 2855 N OCEAN DRIVE, STE 200 RIVERA BEACH FL 33404			
9. Name and Address of New Registered Agent			
Name BlumbergExcelsior Corporate Services, Inc.			
Street Address (P.O. Box Number is Not Acceptable) 4435 Old Winter Garden Road			
Suite, Apt. #, Etc.			
City Orlando		State FL	Zip Code 32811
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent Walter Sjogren		Date 3/14/01	
REGISTERED AGENT MUST SIGN Walter Sjogren, Agent Services, Inc.			
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., 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 under section 119.07(3)(i), 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: Wade Sjogren President 3/14/01 886-455-9200			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			