

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 23 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P33423

1. Corporation Name

WOLTERS COMMUNICATION CONTRACTORS, INC.

Principal Place of Business

Mailing Address

PO BOX 1269
WATSONVILLE CA 95077
US

P.O. BOX 1269
WATSONVILLE CA 95077

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/04/1991	
City & State		City & State		5. FEI Number	
Zip		Country		94-1690542	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CP	WOLTERS, MONA K.	14220 CAMPAGNA WAY	WATSONVILLE CA
VP	WOLTERS, WILLIAM A.	14220 CAMPAGNA WAY	WATSONVILLE CA
	John Taylor	401 Highland Way	Coppell, TX 75019
Sec.	Zane Wolters	PO Box 1581 MA	Campbell, CA 95009-1581
Dir.	Will Wolters	6501 El Greco Rd #A	Golconda, CA 93117
Dir	Tage Wolters	7630 Hanna	Gilroy, CA 95020

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

O'BRIEN, FRANK
303 WEST CHAMPAN RD
STE D216
LUTZ FL 33549

Name

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

Suite, Apt. #, Etc.

City

700002704117--0

-12/04/98-01116-019

****758.75 #

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

NATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/17/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on Intangible Tax)

12. 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)(f), 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:

MONA K. WOLTERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/98

831/728-3651

Date Daytime Phone #

CR2E040 (9/98)