

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JAN 11 AM 9:02

DOCUMENT # P93000050910

1. Corporation Name

Wayne Norman Inc

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

754 NW 7th Street

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33486

Country

USA

3. Mailing Office Address

754 NW 7th Street

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33486

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

07/15/1993

5. FEI Number  
65-0421279

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

Wayne Norman

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

754 NW 7th Street

Suite, Apt. #, Etc.

City

Boca Raton, FL

State

FL

Zip Code

33486

☐ 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 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Wayne Norman*  
REGISTERED AGENT MUST SIGN

Date January 9, 2008

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	Wayne Norman	754 NW 7th Street	Boca Raton FL 33486

REINSTATEMENT

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01/11/08--01035--025 \*\*2250.00

10. 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 contained in Chapter 119, 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:

*Wayne Norman*  
Wayne Norman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/2008

Date

561-395-6021

Daytime Phone #