

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 APR -7 AM 10:31
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PG3000075896
WENTLAND ENTERPRISES INC

2. Principal Office Address

8006 17th AVE W

3. Mailing Office Address

8006 17th AVE W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON

City & State

FLORIDA

Zip

Country

34209 MANATEE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-01-1993

5. FEI Number

65-0374916

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

STEPHEN WENTLAND - President

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

8006 17th AVE W

Suite, Apt. #, Etc.

City

Bradenton

REINSTATEMENT 01-06
State FL Zip Code 34209

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

[Signature]

Date 3-15-06

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
President - Stephen Wentland		8006 17th AVE W	Bradenton - FL 34209

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:

[Signature] President

3-15-2006

9417613584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #