

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMENT



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

FILED

99 DEC 13 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000023556

1. Corporation Name

DEAN WILKERSON AND ASSOCIATES

Principal Place of Business

Mailing Address

1044 HWY 98E # 1506
DESTIN FL 32541

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

2. New Principal Office Address, If Applicable

SAME
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

3-22-94

SP

5. FEI Number

59-3261728

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)

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
P/T	DEAN WILKERSON	1044 HWY 98E # 1506 DESTIN	DESTIN, FL. 32541

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-12/22/99--01047--022
***1350.00 ***1350.00

8. Name and Address of Current Registered Agent

W. WADE WALLACE PA
5160 HWY 98E # 26
DESTIN, FL. 32541

9. Name and Address of New Registered Agent

Name DEAN WILKERSON
Street Address (P.O. Box Number is Not Acceptable) 1044 HWY 98E # 1506
Suite, Apt. #, Etc. DESTIN
City DESTIN State FL Zip Code 32541

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

Dean Wilkerson

REGISTERED AGENT MUST SIGN

Date 12/10/99

11. This corporation owes 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)(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:

Dean Wilkerson Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DEAN WILKERSON P/S

Date 12-10-99

(850) 654-3326
Daytime Phone #

CR2E081 (12/99)