

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 DEC 15 PM 4: 14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000090669

1. Corporation Name

Wilsto, Inc.

2. Principal Office Address

1713 Mahan Drive

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32308

Country

USA

3. Mailing Office Address

1713 Mahan Drive

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32308

Country

USA

REINSTATEMENT 97-05

4. Date Incorporated or Qualified  
To Do Business in Florida

12/15/1994

5. FEI Number

59-3300727

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

Douglas L. Stowell

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

201 South Monroe Street

Suite, Apt. #, etc.

Suite 200

City

Tallahassee

State

FL

Zip Code

32301 32308

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

*Doug Stowell*

Date

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
D	Douglas L. Stowell	1713 Mahan Dr 201 S. Monroe Street, Ste 200	Tallahassee, FL 32301
D	J. Vern Williams	1713 Mahan Drive	Tallahassee, FL 32308

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 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-878-8777

Date

Daytime Phone #

405A00072163

G. Mitchell DEC 1