

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
Jul 08, 2002 8:00 A.M.
Secretary of State

DOCUMENT # P95000003467

1. Corporation Name

Cheryl L. Wilson Asic Inc.

740200078021 REINSTATEMENT 00-02

2. Principal Office Address

719 Wedge Drive
Suite, Apt. #, etc.

3. Mailing Office Address

719 Wedge Drive
Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

Zip

34103

Country

USA

Zip

34103

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

11/19/95

5. FEI Number

65-0563919

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

Cheryl L. Wilson

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

719 Wedge Drive

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34103

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

Cheryl L. Wilson
REGISTERED AGENT MUST SIGN

Date

6/10/02

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	Cheryl L. Wilson	719 Wedge Drive	Naples, FL 34109

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:

Cheryl L. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/02
Date

239.262.0676
Daytime Phone #

CR2E081 (9/01)

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CHERYL L. WILSON, ASID INC.

719 Wedge Drive
Naples, Florida 34103
239-262-0676 M: 269-8641
e-mail: Clwasid@aol.com

July 2, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: FEI #65-0563919
Letter #402A00039951

To Whom It May Concern:

Please find the enclosed "Corporation Reinstatement" form and reinstatement fee of \$915.00 (check #4081 of July 2, 2002). I did not receive the yearly "green form" to keep my application current. The paperwork was not forwarded due to a change in employment address. The address above is correct. A copy of your letter is also enclosed.

Respectfully,



Cheryl L. Wilson, ASID