

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 # P9500000 3467

**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

Zip Country  
34103 USA

**City & State**

Naples FL

Zip Country  
34103 USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/1/95

**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

800006704738--3

07/26/02 01046-004

\*\*\*\$915.00 \*\*\*\$915.00

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

X 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:**

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

6/10/02 239.262.0676  
Date 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](mailto: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