

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 NOV 12 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000005211**

1. Corporation Name
WIEBELIZED, INC.

Principal Place of Business: **50 SUNRISE CAY DRIVE KEY LARGO FL 33037**
Mailing Address: **50 SUNRISE CAY DRIVE KEY LARGO FL 33037**



REINSTATEMENT **96 AD**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/19/1995	
City & State		City & State		5. FEI Number	
Zip		Zip		65 055 8892	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

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
D	WIEBEL, PAUL A	50 SUNRISE CAY DRIVE	KEY LARGO FL 33037
D	WIEBEL, KAREN L	50 SUNRISE CAY DRIVE	KEY LARGO FL 33037

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-11/15/96--01076--029
****375.00 ****375.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
KUYLENSTERNA, JAN M 5915 PONCE DE LEON BLVD SUITE 08 MIAMI FL 33146		Name: Donald S. Rosenberg	
		Street Address (P.O. Box Number is Not Acceptable): One SE Third Avenue	
		Suite, Apt. #, Etc.: STE 2600	
		City: Miami	State: FL Zip Code: 33131

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: *Donald S. Rosenberg* **SIGNATURE REQUIRED** Date: **10-23-96**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *[Signature]* **SIGNATURE REQUIRED** Date: _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR

CR25040 (7/96)