

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 30 PM 3:30

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P95000011098

1. Corporation Name

Wieval Incorporated

2. Principal Office Address

1031 W. Morse Blvd.

Suite, Apt. #, etc.

Suite 333

City & State

Winter Park, FL

Zip

32789

Country

USA

3. Mailing Office Address

1031 W. Morse Blvd.

Suite, Apt. #, etc.

Suite 333

City & State

Winter Park, FL

Zip

32789

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2-6-1995

5. FEI Number

59-3320138

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

Robert M. Winslow

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

1031 W. Morse Blvd.

Suite, Apt. #, Etc.

Suite 333

City

Winter Park

State

FL

Zip Code

32789

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1-24-02

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
D/P	Winslow, Robert M.	1031 W. Morse Blvd.; Suite	Winter Park, FL 32789
		333	
D/Ast. Sec.	Schlegel, Kenneth C.	1031 W. Morse Blvd.; Suite	Winter Park, FL 32789
		333	
			<i>[Signature]</i>

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

Date

1-24-02

Daytime Phone #

407
647-7577

CR2E081 (9/01)

Swann & Hadley, P.A.
Attorneys and Counselors at Law

Pervie P. Swann (1895-1984)

Stuart P. Buchanan
Ralph V. Hadley, III
Richard R. Swann

Of Counsel:
L. Pharr Abner

1031 W. Morse Boulevard
Suite 160
Winter Park, Florida 32789
Telephone (407) 647-2777
Fax (407) 647-2157

January 25, 2002

**VIA CERTIFIED MAIL RETURN RECEIPT
REQUESTED NO. 7000 1670 0002 1214 8162**

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

RE: Wieval Incorporated

Dear Sir or Madam:

Enclosed is a Corporation Reinstatement for the above corporation together with the filing fee of \$300.00. Should you have any questions, please contact the undersigned.

Sincerely,



Karen M. Brown, CLA
Legal Assistant