

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 JAN 22 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA5000031221**

1. Corporation Name

Hendry-Wilson, Inc.,

Principal Place of Business

Mailing Address

**113 Ridgewood Ave.
Clewiston, FL 33440**

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

2. New Principal Office Address, If Applicable
113 Ridgewood Ave.

3. New Mailing Office Address, If Applicable
SAME

4. Date Incorporated or Qualified
To Do Business in Florida
4-24-95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
65-0587119

Applied For

Not Applicable

City & State

Clewiston, FL

City & State

Zip

33440

Country

Hendry

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	Michael T. Wilson	1251 Rowayton Circle	Wellington, FL 33414
Sec/Treas	Joe M. Hendry	113 Ridgewood Ave.	Clewiston, FL 33440
			100002413111-1
			-01/27/98--01048--009
			***1050.00 ***1050.00

REINSTATEMENT

96-98

SL 1-24-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Joseph M. Hendry, II, Attorney

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

606 W. Sugarland Highway

Suite, Apt. #, Etc.

City

Clewiston,

State

FL

Zip Code

33440

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

Joe M. Hendry

REGISTERED AGENT MUST SIGN

Date **1-19-98**

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: **Joe M. Hendry**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-98 (941) 983-5297

Date

Daytime Phone #

CR2E040 (12/96)