

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000034953

1. Corporation Name

MICHAEL R. WIEDMANN INDUSTRIES, INC.

Principal Place of Business

1426 W PEACHTREE STREET
COCOA FL 32926
US

Mailing Address

P.O. BOX 3703
COCOA FL 32924
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/28/1995

5. FEI Number

59-3321317

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	WIEDMANN, MICHAEL R	3425 GRAPE ST	COCOA FL 32926
VP	REEVEY, ALFRED III	755 HARVEY WY	COCOA FL 32926

4000008645264

10/23/02--01040--010 **150.00

8. Name and Address of Current Registered Agent

WIEDMANN, MICHAEL R
3425 GRAPE ST
COCOA FL 32926

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/23/02

11. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/02

Daytime Phone #

CR2E040 (8/02)

MICHAEL R. WIEDMANN INDUSTRIES, INC.

Phone (321) 631-1306
Fax 321-631-7011

P.O. BOX 3703
Cocoa, FL 32924

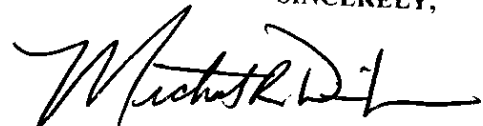
26 OCTOBER 2002

DIVISION OF CORPORATIONS
ANNUAL REPORT

DOCUMENT # 95000034953

PLEASE BE ADVISED WE WERE NOT IN RECEIPT OF 2 PRIOR NOTICES SENT, WE RECEIVE
EXCESS MAGAZINES THEREFORE THEY MIGHT HAVE BEEN LOST IN THE MAIL. PLEASE
ACCEPT OUR RE-INSTATEMENT CK # 5310

SINCERELY,

A handwritten signature in black ink, appearing to read "Michael R. Wiedmann", written in a cursive style.

MICHAEL R. WIEDMANN, PRESIDENT