

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 19 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000037248**

1. Corporation Name

P.E. Wilson Construction, Inc

2. Principal Office Address

21 SE WENONA AVE

Suite, Apt. #, etc.

3. Mailing Office Address

21 SE WENONA AVE

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA FL

Zip

34478

Country

MARION

Zip

34478

Country

MARION

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 8 1995

5. FEI Number

59-3318019

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

PAUL E. Wilson III

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

18252 NE 40th ST

Suite, Apt. #, Etc.

N/A

City

Williston

State

FL

Zip Code

32696

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

REGISTERED AGENT MUST SIGN

Date

1/19/05

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	PAUL E. Wilson III	18252 NE 40th ST	Williston FL 32696
V	SAUNDRA H. Wilson	18252 NE 40th ST	Williston FL 32696

700045450037
01/26/05 01033 012 **500.00

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:

PAUL E. Wilson III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/19/05


Daytime Phone #

(352) 528-5422

CR2E081 (01/05)

P.E. Wilson Construction, Inc.

I did not receive the Annual Report for
the year 2002.


PAUL E. Wilson III
Pres
1/19/05