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
96 DEC 23 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000053384

1. Corporation Name

W. M. J., INC.

Principal Place of Business	Mailing Address
17220 ~~12940~~ SAN CARLOS BLVD FT MYERS FL 33931	17220 ~~12940~~ SAN CARLOS BLVD FT MYERS FL 33931

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
17220 San Carlos Blvd.	17220 - Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/05/1995

5. FEI Number: 65-0598959 ☐ 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)

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
P	Widing Maldonado	1741-17 Red Cedar Dr. Ft Myers, FL 33901	
VP	Mark Boeder	15492 Chloe Cir Ft Myers, FL 33908	100002038431--8 -12/26/96--01035--025 ****375.00 ****375.00
Sec/T	JoAnne Holt	5713 Sandpiper PL Ft Myers, FL 33919	
			12/23/96
		REINSTATEMENT 96	

8. Name and Address of Current Registered Agent

HOLT, JOANNE C
~~17510 SAN CARLOS BLVD~~
~~FT MYERS FL 33931~~

Correction

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 5713 Sandpiper Pl
Suite, Apt. #, Etc.
City: Fort Myers | State: FL | Zip Code: 33919

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: SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN — Date: 12/19/96

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 REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 9/30/96 — Daytime Phone #: 941-481-9778

JoAnne Holt

CR2E040 (7/96)

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