

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR 22 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **9950000061649**

1. Corporation Name

Wolverine Demolition, Inc.

2. Principal Office Address

816 Gateway Lane
Suite, Apt. #, etc.

3. Mailing Office Address

816 Gateway Lane
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33613

Country

Hillsborough

Zip

33613

Country

Hillsborough

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

1995

5. FEI Number

59-3392942

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

Richard T Spinner JR.

200003912732--7

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

816 Gateway Lane

03/27/01-01091-007
*****908.75 ***908.75**

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code

33613

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 **3-16-01**

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
President	RICHARD T SPINNER JR	816 Gateway Lane Tampa	Florida 33613
Vice President	RICHARD T SPINNER JR	816 Gateway Lane	Tampa Florida 33613
Treasurer	RICHARD T SPINNER JR	816 Gateway Lane	Tampa Florida 33613

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-16-01

Date

813-918-8389

Daytime Phone #

CR2E081 (9/00)