

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 -5 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000088791

1. Corporation Name

WHEELER PROPERTY MANAGEMENT CO.

Principal Place of Business

Mailing Address

35 IXORA WAY
OCEAN RIDGE FL 33435

35 IXORA WAY
OCEAN RIDGE FL 33435



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

REINSTATEMENT 96

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

777 E ATLANTIC AVE 2-305

City & State

City & State

Delray Beach FL

Zip

Country

Zip

33483

Country

5. FEI Number

65-0626899

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DST	WHEELER, BRIAN A	35 IXORA WAY	OCEAN RIDGE FL 33435
DP	WHEELER, JAMES R	35 IXORA WAY	OCEAN RIDGE FL 33435
DV	WHEELER, SALLY J	35 IXORA WAY	OCEAN RIDGE FL 33435

100002024101--3
-12/10/96--01014--002
****375.00 ****375.00

12-10-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIGALOS, GEORGE L
2300 GLADES RD
SUITE 400 E
BOCA RATON FL 33431

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/22/96

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)(l), 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:

BRIAN A. WHEELER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/96

Date

561-276-2332

Daytime Phone #