

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P96000030661

1. Corporation Name

WISE IDEAS, INC.

Principal Place of Business

Mailing Address

770 4TH AVE. N.  
ST PETERSBURG FL 33701  
US

770 4TH AVE. N.  
ST PETERSBURG FL 33701  
US

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

2. New Principal Office Address, If Applicable

6640 Tanglewood Dr NE

3. New Mailing Office Address, If Applicable

Same

City & State  
St. Petersburg FL

City & State

Zip  
33702

Country  
USA

Zip  
Country

FILED

00 DEC 18 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

02

4. Date Incorporated or Qualified  
To Do Business in Florida

04/01/1996

5. FEI Number

59-3364749

Applied **SP**

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
VP PRESIDENT	WISE, JEANETTE L	6640 TANGLEWOOD DR	ST PETERSBURG FL 33702

600003515036--0  
-12/27/00-01083-014  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WISE, KENT L  
6640 TANGLEWOOD DRIVE NE  
ST PETERSBURG FL 33702

Name  
Jeanette L Wise  
Street Address (P.O. Box Number is Not Acceptable)  
6640 Tanglewood Dr NE  
Suite, Apt. #, Etc.  
City  
St Petersburg  
State  
FL  
Zip Code  
33702

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

Jeanette Wise  
REGISTERED AGENT MUST SIGN

Date 12/15/2000

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:

Jeanette Wise  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/2000  
Date

727-520-9569  
Daytime Phone #

CR2E040 (8/00)