

**APPLICATION  
FOR  
REINSTATEMENT**



**FILED**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**1. Corporation Name**

**WIMBERLY COMMUNICATIONS, INC.**

Principal Place of Business

**Mailing Address**

P.O. BOX 21033  
SOUTH DAYTONA FL 32121-1033

P.O. BOX 21033  
SOUTH DAYTONA FL 32121-1033

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

**Zip**

Country

# REINSTATEMENT

#### 4. Date Incorporated or Qualified To Do Business in Florida

07/19/1996

5. FEI Number

57-5158165

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	4 City / State / Zip
D	WIMBERLY, MARTIN	P.O. BOX 21033, N/A	SOUTH DAYTONA FL 32121
OFFICE MGR	MARTIN, LORRAINE	1936 S. RIVERSIDE DR.	EDGEWATER, FL 3214
			700003524087--1
			-01/04/01--01108--009
			****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent

**9. Name and Address of New Registered Agent**

WIMBERLY, JOCELYN B  
572 103RD AVE N  
NAPLES FL 34108-3217

Name LORRAINE MARTIN  
Street Address (P.O. Box Number is Not Acceptable)  
1936 S. Riverside DR  
Suite, Apt. #, Etc.

City	EDGEWATER	State	FL	Zip Code	32141
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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 Horacio Martinez REGISTERED AGENT MUST SIGN

Date 12-18-00

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.

LOREINE MARTIN

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

12-18-00 904-423-9823