

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 DEC -7 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000067463

1. Corporation Name

Wade Brothers Company

2. Principal Office Address - No P.O. Box #

4261 Twilight Trail

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

SAME

Zip

34746

Country

Zip

Country

REINSTATEMENT 06-67

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

08/12/1996

5. FEI Number

59-3375507

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
Robert Wade

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

4261 Twilight Trail

Suite, Apt. #, Etc.

City

Kissimmee

State

FL 34746

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Robert Wade

REGISTERED AGENT MUST SIGN

Date 10/10/07

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
P	Robert Wade	1018 Cherry Springs Drive	Cottontown, TN 37048
VP	Clayton Wade	1018 Forest Pointe Drive	Hendersonville, TN 37075

750110007717
10/17/07--01038--007 **\$800.00

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 contained in Chapter 119, 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:

Robert Wade

Robert Wade

10/10/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #