

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 JAN 19 PM 12:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # PA6000080312

1. Corporation Name

Wichita Falls Group, Inc.

W-29679

2. Principal Office Address

P.O. BOX 2067

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palmetto, FL

City & State

Zip

Country

Zip

Country

34220

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEL Number

65-1052729

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

Anthony J. Comparetto

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

5340 Central Ave

Suite, Apt. #, Etc.

City

St. Petersburg

700003656627-4

-02/07/01--01034--010

****900.00 ****900.00

700003656627-4

-02/07/01--01034--011

State ****900.00 ****150.00

FL 33307

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

REGISTERED AGENT MUST SIGN

Date

12/6/00

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
<u>V.P.</u>	<u>Bjorg Tandberg</u>	<u>officer</u> <u>487, Pinellas Bayway #206</u>	<u>St. Pete FL</u> <u>St. Pete FL, 33715</u>

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

Dec. 6. 2000

Date

Daytime Phone #

KE