

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 APR 18 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000080620

**1. Corporation Name**

Wheeler's Warehousing, Inc.

**2. Principal Office Address**

17669 Fieldbrook Cir. N

Suite, Apt. #, etc.

**3. Mailing Office Address**

17669 Fieldbrook Cir. N

Suite, Apt. #, etc.

**City & State**

Boca Raton, FL

**City & State**

Boca Raton, FL

**Zip**

33496

**Country**

USA

**Zip**

33496

**Country**

USA

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

**5. FEI Number**

650707454

**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**

Mary Ann Wheeler

900054332809

05/12/05--01061--002 \*\*900 00

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

17669 Fieldbrook Cir.

**Suite, Apt. #, Etc.**

**City**

Boca Raton

**State**

FL

**Zip Code**

33496

**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

*Mary Ann Wheeler*  
REGISTERED AGENT MUST SIGN

Date 4-14-05

**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
RA	Mary Ann Wheeler	17669 Fieldbrook Cir N	Boca Raton, FL 33496
P	C Douglas Wheeler	17669 Fieldbrook Cir N	Boca Raton, FL 33496
Sec	Mary Ann Wheeler	17669 Fieldbrook Cir N	Boca Raton, FL 33496
VP	Mary Ann Wheeler	17669 Fieldbrook Cir N	Boca Raton, FL 33496

**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:**

*Mary Ann Wheeler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E031 (01/05)

# **WHEELER'S WAREHOUSING, INC.**

17669 Fieldbrook circle, N. Boca Raton, FL 33496

561-998-2222 Fax: 561-998-8489

April 14, 2005

Dept. of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

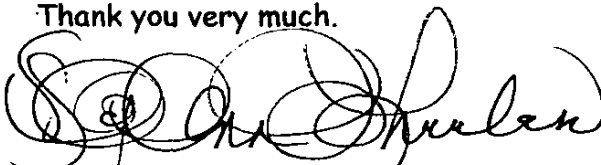
RE: Wheeler's Warehousing, Inc  
Doc #P96000080620

Dept of State:

We are reinstating our Company with the State of FL and paying fees for the years we have missed, but are requesting the reinstatement fee be waived as we received no prior notice that the Annual Report Form in 2000 was due. All the subsequent years, we have not received a notice, even to this day.

In looking back, we moved around that time and we assume our mail was not forwarded. So please waive the reinstatement fee as we are victims of this unfortunate circumstance.

Thank you very much.



Wheeler's Warehousing, Inc  
Mary Ann Wheeler, Registered Agent  
Phone: (561) 998-2222

Enclosed: Ck #1304 for six years (2000-2005) totaling \$900