

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY 26 AM 7:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000088076

1. Corporation Name

Wilson Ross, Inc

2. Principal Office Address

6210 NW 124th PL

Suite, Apt. #, etc.

3. Mailing Office Address

6210 NW 124th PL

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32653

Country

USA

Zip

32653

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3413632

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 03-04**

**7. Name and Address of Current Registered Agent**

Name

Holbrook Cold, Kathleen

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

One Independent Drive

Suite, Apt. #, Etc.

Suite 2301

City

Jacksonville

State

FL

Zip Code

32202

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

Kathleen Holbrook Cold

REGISTERED AGENT MUST SIGN

Date

5/24/04

**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	<u>Paul W. Dickert</u>	<u>6210 NW 124th PL</u>	<u>Gainesville, FL 32653</u>
VP	<u>Mark R. Dickert</u>	<u>6210 NW 124th PL</u>	<u>Gainesville, FL 32653</u>

300037344383  
05/26/04--01051--013 \*\*300.00

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 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:

Paul W. Dickert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul W. Dickert President 5/20/04 (386)418

Date

Daytime Phone # 0185

CR2E081 (01/04)