




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P96000091713</u>			
1. Corporation Name W.R. Wilson Company, Inc.			
2. Principal Office Address 600 Bypass Drive		3. Mailing Office Address P.O. Box 4477	
Suite, Apt. #, etc. Suite # 207		Suite, Apt. #, etc.	
City & State Clearwater, Florida		City & State Clearwater, Florida	
Zip 33764	Country USA	Zip 33758-4477	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 1996		5. FEI Number <u>59-3411125</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
58.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name William R. Wilson, Jr.			
Street Address (P.O. Box Number is Not Acceptable) 600 Bypass Drive			
Suite, Apt. #, Etc. Suite #207			
City Clearwater		State FL	Zip Code 33764
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 		Date April 11, 2005	
REGISTERED AGENT MUST SIGN			
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	William R. Wilson, Jr.	5338 Black Pine Drive	Tampa, Florida 33624
S	Novenda A. Wilson	5338 Black Pine Drive	Tampa, Florida 33624
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: 		April 11, 2005 (727) 712-0509	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED
05 MAY -4 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-05

CS2E001 (01/00)

W. R. WILSON COMPANY, INC.

Contract Bond Specialists

P.O. BOX 4477
CLEARWATER, FL 33758-4477
(727) 712-0509
712-0411
FAX: (727) 712-0313

April 11, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Corporate Reinstatement for W.R. Wilson Company, Inc.

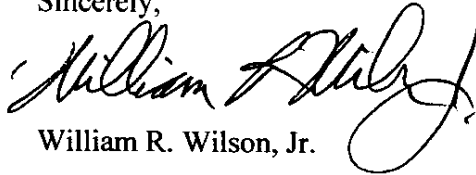
To Whom it May Concern,

I am enclosing the completed Corporate Reinstatement Form along with a check for \$750.00.

The only way I found out about my corporate status being inactive was coincidental. I applied to my bank to increase my line of credit and they did a routine check on my corporate status and informed me of your web site.

I contacted your office today and was informed that my filing form was returned to your office unpaid because I never received it. I am located in a building with about 35 other businesses with a central mail box area. There has been a tremendous amount of movement within the building over the years and I myself have moved four times within the building. Therefore I have all important mail sent directly to my Post Office Box. I have listed my P.O. Box as my mailing address therefore I trust this problem will never occur again.

Sincerely,



William R. Wilson, Jr.