

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 21 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800009155228
11/21/02--01102--019 **400.00

DOCUMENT # P96000093433

1. Corporation Name

WYLAND FRAMING OF KEY WEST, INC.

Principal Place of Business

962 N.W. 53RD STREET
FORT LAUDERDALE FL 33309

Mailing Address

962 N.W. 53RD STREET
FORT LAUDERDALE FL 33309

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/1996

5. FEI Number

65-0747712

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|--------------------------|
| PD | DOUGLAS, WINTON S | 1218 DUVAL STREET | KEY WEST FL 33040 |
| VD | SHAFFER, GREGORY L | 1218 DUVAL STREET | KEY WEST FL 33040 |
| VP | CAMPO, JON | 962 N.W. 53RD STREET | FORT LAUDERDALE FL 33309 |
| VP | BUXTON, JEFFREY | 962 N.W. 53RD STREET | FORT LAUDERDALE FL 33309 |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

CAMPO, JON
962 N.W. 53RD STREET
FT. LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/17/02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/17/02

Daytime Phone #

Wyland Framing

962 NW 53 STREET
FORT LAUDERDALE, FL 33309
FAX 954-491-3520

To Whom It May Concern:

I am sending this form in with a check for \$400. When I received my renewal in August I sent it in with my \$150 check, the check was cashed and I assumed that everything was good. I now have this form stating that my corporation needs to be reinstated. I called your office and spoke to a gentleman who explained that there may have been a miscommunication but in any event I would still owe \$400. Please review my account, it is my hope that he was correct and I should only pay a late fee and not a cancellation fee.

Thank you,

, Jon Campo

