PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 FEB 11 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000018883**

1. Corporation Name

WILSON AND WILSON GROUP INC.

Principal Place of Business	Mailing Address
2964 DORSON WAY DELRAY BEACH FL 33445	2964 DORSON WAY DELRAY BEACH FL 33445

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
41 N. Congress Ave	41 N. Congress Ave
Suite, Apt. #, etc. Suite 6A+7	Suite, Apt. #, etc. Suite 6A+7
City & State DELRAY BEACH FL	City & State DELRAY BEACH FL.
Zip 33445 Country	Zip 33445 Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/28/1997

5. FEI Number: 65-0130971

6. CERTIFICATE OF STATUS DESIRED ☒ — $8.75 Additional Fee required for a Certificate of Status — Applied For ☐ Not Applicable ☐

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 (Do NOT Use Post Office Box Number) 3	City / State / Zip 4
PSTD	WILSON, LLOYD JR.	2964 DORSON WAY	DELRAY BEACH FL 33445

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name: LOUIS W. RATFIELD
Street Address (P.O. Box Number is Not Acceptable): 7326 LAKE WORTH RD
Suite, Apt. #, Etc:
City: LAKE WORTH | State: FL | Zip Code: 33467

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.

Signature of Registered Agent: ~~AmeriLawyer, Chartered~~ Louis W. Ratfield Date: ~~12/31/98~~ 1.19.99

REGISTERED AGENT MUST SIGN — Lawrence J. Spiegel, President

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Lloyd Wilson Jr. LLOYD WILSON JR. (561) 266-8822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
12-31-98

CR2E040 (9/98)

0057975 AF