

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -2 AM 11:31

DOCUMENT #

P97000055670

1. Corporation Name

Wickham Office Partners, Inc

Principal Place of Business

Mailing Address

642 Doral Ln
Melbourne, FL
32940

P.O. Box 410247
Melbourne, FL 32941-0247

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/24/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3460099

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Robert M. Renfro	642 Doral Ln Melbourne, FL 32940	Melbourne, FL 32940
STD	Ronald E. Stefford	560 Hawk Hill Island Dr	Satellite Beach, FL 32977
D			
D			488883427934-5 -10/18/00--01002--004 ****908.75 ****908.75
D			

8. Name and Address of Current Registered Agent

Dale A. Dettmer
780 S. Apollo Blvd
Melbourne, FL 32901

9. Name and Address of New Registered Agent

Name

Robert M. Renfro

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

642 Doral Ln

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32940

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 9/26/00

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.)

AD

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.

Robert M. Renfro

SIGNATURE:

[Signature] President

9/26/00 321-242-4884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR270-00 (9/98)