

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JUL 17 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000067108

1. Corporation Name

WILES ENTERPRISES, INC.

Principal Place of Business

2540 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071
US

Mailing Address

2540 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2000-2001 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/1997

5. FEI Number

65-0770136

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
D	WILES, RON	2540 UNIVERSITY DRIVE	CORAL SPRINGS FL 33071

700004548277--8
08/22/01 01025 017
****300.00 ****300.00

8. Name and Address of Current Registered Agent

WILES, RON
2540 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

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

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 REQUIRED

Date

REGISTERED AGENT MUST SIGN

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

Daytime Phone #

CR2E040 (9/00)

Professional Business Solutions

2 of 2

The Bottom Line Experts

June 20, 2001

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Wiles Enterprises, Inc.
P97000067108

Dear Sir or Madam:

Enclosed is the reinstatement form for the above named corporation. We have enclosed a check for \$300 for the 2000 and 2001 annual report. We ask that the associated late filing fees and penalties be waived.

The sole shareholder and officer (Ron Wiles) has been very ill over the past two years. Mr. Wiles has been hospitalized several times and has undergone several operations.

He is now feeling much better. He discovered the dissolution notice in his mail as he was sorting through old items that had come to his business while he was ill. We ask for your understanding, as many bills were unpaid during his absence.

We await your response.

Sincerely,



Concetta Lupardo