

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine H. [Signature]
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -1 AM 10:38

DOCUMENT # P97000085999

1. Corporation Name

WTYM, INC.

2. Principal Office Address

1407 OHIO Ave

Suite, Apt. #, etc.

City & State

Lynn Haven, FL

Zip

32444

Country

USA

3. Mailing Office Address

107 Chelsea Lane

Suite, Apt. #, etc.

City & State

LYNN HAVEN, FL

Zip

32444

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3472938

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Darlene Salsman (Darlene Salsman)

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

107 Chelsea Lane

Suite, Apt. #, Etc.

City

Lynn Haven

State

FL

Zip Code

32444

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

Darlene Salsman

Date

9/27/01

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
President	Michael Salsman	107 Chelsea Lane	Lynn Haven, FL 32444

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:

Michael Salsman - Michael Salsman

Date

9/27/01

Daytime Phone #

850-271-3473

CR2E081 (9/00)

To whom it may concern:

Re: Reinstatement of WTYM, INC.

I, Michael Salsman, owner of WTYM INC., respectfully request reinstatement of WTYM, INC. I have had severe problems with mail being delivered to my location for over 8 years. I did not receive the appropriate documents to pay the annual corporation fee, and therefore owe for 2 years. I did not receive these either year. I had two different corporations as of January of 2000. My secretary requested reinstatement documents on these corporations. She filled out reinstatement application on the other business & got reinstated but she thought I was filling out reinstatement on WTYM INC. (which I thought she had done). Anyway, I thought everything was OK until recently I learned it had never been done. Please reinstate this business. I am sorry for the inconvenience (I have since changed the mailing address). Thank you.
Michael Salsman