

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 15 PM 2:15

DOCUMENT # P97000100999

1. Corporation Name

WILSON & WILSON INDUSTRIES, INC.

Principal Place of Business

703 VISTA VIEW CIRCLE
PORT ORANGE FL 32127

Mailing Address

703 VISTA VIEW CIRCLE
PORT ORANGE FL 32127

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

11/25/1997

5. FEI Number

NOT APPLICABLE

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	WILSON, RUFUS L SR	703 VISTA VIEW CIRCLE	PORT ORANGE FL 32127
		06-07-00	90028 037 \$150.00

8. Name and Address of Current Registered Agent

WILSON, RUFUS
703 VISTA VIEW CIR
PORT ORANGE FL 32127

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
REGISTERED AGENT MUST SIGN

Date 11/7/00

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

11/7/00

Daytime Phone #

CR2040 (8/00)

November 6, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


Dear Sirs:

Re: Wilson & Wilson Industries, Inc
Document No. P97000100999

We enclose herewith the Application for Reinstatement for the above-mentioned corporation. The Uniform Business Report was timely filed in April 2000, and, the check we sent along with the report subsequently cashed in May 2000. A copy of check number 0771 which was submitted along with the report is also enclosed.

We trust that this will be adequate to resolve the issue at hand and reinstate the corporation of Wilson & Wilson Industries, Inc..

Respectfully,
Wilson & Wilson Industries, Inc.


Rufus Wilson
President