

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR 23 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000109161

1. Corporation Name

EDWARD E. WOERNER, INC.

2. Principal Office Address

28325 VARGO LANE

Suite, Apt. #, etc.

N/A

City & State

ELBERTA, AL 36530

Zip

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

N/A

City & State

SAME

Zip

Country

000016215800  
03/28/03--01053--002 \*\*908.75

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0800150

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

Templeton & Company, P.A.

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

540 ROYAL PALM BEACH BLVD.

Suite, Apt. #, Etc.

City

ROYAL PALM BEACH, FL

State

FL

Zip Code

33411

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

Templeton & Company, P.A.

REGISTERED AGENT MUST SIGN

Date 3/1/03

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
P	EDWARD E. WOERNER	28325 VARGO LANE	ELBERTA, AL 36530

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:

Managing Member

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/03

Date

(251) 947-9784

Daytime Phone #

CR2E081 (10/02)