

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR *am*  
REINSTATEMENT



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

DOCUMENT # **P98000005869**

1. Corporation Name

**WOLF PRODUCTS, INC.**

Principal Place of Business

7014 NORTHWEST 40TH COURT  
CORAL SPRINGS FL 33065

Mailing Address

7014 NORTHWEST 40TH COURT  
CORAL SPRINGS FL 33065

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

01/20/1998

5. FEI Number

65-0805889

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRES ☒

\$8.75 Additional Fee required  
for a Certificate of Status

FILED

99 OCT 15 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT *99*

SP

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	WOLF, NEAL	7014 NORTHWEST 40TH COURT	CORAL SPRINGS FL 33065
VD	WOLF, DEBORAH	7014 NORTHWEST 40TH COURT	CORAL SPRINGS FL 33065

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-10/25/99--01003--013

\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

WOLF, NEAL  
7014 NORTHWEST 40TH COURT  
CORAL SPRINGS FL 33065

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 10/11/99

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:

NEAL WOLF  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/99 954757-9052

Daytime Phone #