

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 23 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 0980000010324

1. Corporation Name

WILSON ENTERPRISES OF DESTIN, INC.

Principal Place of Business	Mailing Address
120 BENNING DRIVE DESTIN, FLORIDA 32541	120 BENNING DRIVE DESTIN, FLORIDA 32541

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <u>423 BAYSHORE DRIVE</u> Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable <u>P.O. BOX 1057</u> Suite, Apt. #, etc.
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REINSTATEMENT

99

City & State <u>DESTIN, FLORIDA</u> Zip <u>32541</u> Country <u>US</u>	City & State <u>DESTIN, FLORIDA</u> Zip <u>32540</u> Country
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4. Date Incorporated or Qualified To Do Business in Florida <u>2/19/98</u>	Applied For <input type="checkbox"/> Not Applicable
5. FEI Number <u>59-3496009</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/S	BILLIE E. WILSON	423 BAYSHORE DR.	DESTIN, FLORIDA 32541

200003087602--1
-01/04/00--01066--014
****750.00 ****750.00

8. Name and Address of Current Registered Agent

ROBERT E. MCGILL
743 HWY. 98EAST
SUITE 5
DESTIN, FLORIDA 32541

9. Name and Address of New Registered Agent

Name BILLIE E. WILSON

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

423 BAYSHORE DRIVE
Suite, Apt. #, Etc.

City

DESTIN

State

FL

Zip Code

32541

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

Billie Wilson

REGISTERED AGENT MUST SIGN

Date

12-17-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

Billie Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-17-99

Daytime Phone #

KE