

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000016324

**1. Corporation Name**

Wilson Enterprises of Destin, Inc.

**2. Principal Office Address**

423 Bayshore Dr

Suite, Apt. #, etc.

City & State

Destin, FL

Zip

32550

Country

USA

**3. Mailing Office Address**

423 Bayshore Dr

Suite, Apt. #, etc.

City & State

Destin, FL

Zip

32550

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4/1/98

**5. FEI Number**

59-3496009

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$875 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Billie E. Wilson

400011889584

02/05/03--01087--002 \*\*450.00

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

423 Bayshore Dr.

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32550

**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

Billie Wilson

Date

2-4-03

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
Pres	Billie E. Wilson	423 Bayshore Dr. Destin 32550	Destin FL 32550

**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:**

Billie Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03 850837-2703

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 FEB -6 PM 2:58

CR2E081 (10/02)