

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000025933

1. Corporation Name

THE WISSING CORP.

Principal Place of Business

300 W S. R. 434
LONGWOOD FL 32750

Mailing Address

560 TWISTING PINE CT.
LONGWOOD FL 32779

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/18/1998

5. FEI Number

59-3500148

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	WISSING, THOMAS E	560 TWISTING PINE CT.	LONGWOOD FL 32779
S	WISSING, MELISSA	560 TWISTING PINE CT	LONGWOOD FL 32779
			000004649810--1 -10/23/01--01040--010 ***150.00 ***150.00
			LS

8. Name and Address of Current Registered Agent

WISSING, THOMAS E
560 TWISTING PINE CT.
LONGWOOD FL 32779

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

Thomas E. Wissing

REGISTERED AGENT MUST SIGN

Date 10/11/01

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:

Thomas E. Wissing
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/01
Date

407-335-5724
407-788-0620
Daytime Phone #

CR2E040 (8/01)

7.
The Wissing Corp.
300 W S R 434
Longwood, Fl. 32750

2012

Division of corporations

Dear Sir or Madam,

On 10-12-01 I received this letter of corporation dissolution. Up to this date, I had not received any type of notice to file. After receiving the notice, I immediately call the number in the letter. The woman told me to send a letter along with a check in the amount of 150.00. Please accept my payment for filing and I apology for any inconvenience.

Sincerely,

Thomas Wissing
Thomas Wissing

407-788-0626

407-339-5724