

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000062080

1. Corporation Name

WERNER TECHNOLOGIES, INC.

Principal Place of Business

12179 S. APOPKA VINELAND ROAD #523
ORLANDO FL 32836

Mailing Address

12179 S. APOPKA VINELAND ROAD #523
ORLANDO FL 32836

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

07/15/1998

5. FEI Number

59-3522665

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WERNER, PETER	12179 S. APOPKA VINELAND ROAD #5	ORLANDO FL 32836

8. Name and Address of Current Registered Agent

OSSINSKY, MARC P
210 NORTH WYMORE ROAD
WINTER PARK FL 32789

9. Name and Address of New Registered Agent

Name

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

12179 S. Apopka Vineland Rd

Suite, Apt. #, Etc.

Suite 523

City

Orlando

State

FL

Zip Code

32836

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/21/02

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02

Date

407-908-2424

Daytime Phone #

CR2E040 (8/02)