

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR -6 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000084921

1. Corporation Name

WBS ENTERPRISES, INC.

REINSTATEMENT 03-04

2. Principal Office Address

11250 OLD ST. AUGUSTINE

3. Mailing Office Address

11250 OLD ST. AUGUSTINE

Suite, Apt. #, etc.

15377

Suite, Apt. #, etc.

15377

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32257

Country

DUVAL

Zip

32257

Country

DUVAL

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

10/02/98

5. FEI Number

59-3536188

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BLACKSTONE, WENDY S.

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

11250 OLD ST. AUGUSTINE ROAD

Suite, Apt. #, Etc.

15377

City

JACKSONVILLE

State

FL

Zip Code

32257

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

Wendy S. Blackstone
REGISTERED AGENT MUST SIGN

Date 2/16/04

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
D	WENDY S. BLACKSTONE	11250 OLD ST. AUGUSTINE RD. STE	JACKSONVILLE, FL 32257

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:

Wendy S. Blackstone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/04

Date

Daytime Phone #



✓ Income Tax Service
✓ Financial & Insurance Services
✓ Accounting & Bookkeeping Services

320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
www.triplechecktax.com

April 3, 2004

Division of Corporations
Annual Reports Filing
Post Office Box 6327
Tallahassee, FL 32314

Re: Application for Reinstatement
Document P98000084921- WBS Enterprises, Inc.

Dear Sir/Madam,

Please see the enclosed Application for Reinstatement for our client listed above. We are requesting that you accept her application and payment of \$300.00, for the year 2003 and 2004.

Ms. Blackstone, President of the above Corporation, did not receive her report for the referenced corporation. She has had no address changes and should have received all reports timely. While preparing her taxes this year it was discovered that she did not receive the report. We promptly prepared the necessary paperwork to submit to your office. Ms. Blackstone has always been very conscientious about forwarding all government paperwork to us and paying all yearly fees timely.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Beverlee A. Flowers'.

Beverlee A. Flowers, E.A.

Enclosure: Application For Reinstatement
Check #1648