

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 14 AM 11:41

DOCUMENT # P99000012791

1. Corporation Name

Wolf Enterprises, Inc.

2. Principal Office Address

1829 28 St N

Suite, Apt. #, etc.

City & State

St Petersburg, FL

Zip

33713

Country

Pinellas

3. Mailing Office Address

4166 Chesterfield Circle

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip

34683

Country

Pinellas

REINSTATEMENT

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

02/03/99

5. FEI Number

59-3559355

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

Wolfgang Ruch

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

4166 Chesterfield Circle

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34683

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

REGISTERED AGENT MUST SIGN

Date

May 9, 01

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 |
|--------|--------------------------------------|---|-----------------------|
| P | Wolfgang Ruch | 4166 Chesterfield Circle | Palm Harbor, FL 34683 |
| VP | Geraldine Ruch | 4166 Chesterfield Circle | Palm Harbor, FL 34683 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wolfgang Ruch

Date

April 13, 01

Daytime Phone #

727 323 7899

CR2E081 (9/00)