

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT 15 PM 3:17

DOCUMENT # P99000032101

1. Corporation Name

LEE WAGNER ENTERPRISES, INC.

2. Principal Office Address - No P.O. Box #

3641 Claridge Avenue

Suite, Apt. #, etc.

City & State

Homosassa, Florida

Zip

34448

Country

U.S.A.

3. Mailing Office Address

3641 Claridge Avenue

Suite, Apt. #, etc.

City & State

Homosassa, Florida

Zip

34448

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-3604183

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

Armando F. Mizio

Street Address (P.O. Box Number is Not Acceptable)
25400 U.S. Hwy. 19 North - Suite 225

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33763

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

Armando F. Mizio
REGISTERED AGENT MUST SIGN

Date October 13, 2009

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
DPST	Donald L. Wagner	3641 Claridge Avenue	Homosassa, Florida 34448

REINSTATEMENT 08-09 KS

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 contained in Chapter 119, 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:

Donald L. Wagner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald L. Wagner

10/13/09

Date

(727) 415-5480

Daytime Phone #