

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

01 AUG 15 PM 11:29

SECRETARY OF STATE
ALPHONSEE, FL 32003

DOCUMENT # P99000037092
1. Corporation Name W. DEE CURRIER INC.

2. Principal Office Address 3126 SEIGNEURY DR. Suite, Apt. #, etc.		3. Mailing Office Address 3126 SEIGNEURY DR. Suite, Apt. #, etc.	
City & State WINDERMERE, FL		City & State WINDERMERE, FL	
Zip 34786	Country ORANGE	Zip 34786	Country ORANGE

4. Date Incorporated or Qualified To Do Business in Florida 04/23/99

5. FEI Number 31-1694658 ☒ 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 WILDER DEZIL	
Street Address (P.O. Box Number is Not Acceptable) 3126 SEIGNEURY DRIVE	
Suite, Apt. #, Etc.	
City WINDERMERE	State FL
Zip Code 34786	

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 [Signature] Date 07/30/01
REGISTERED AGENT MUST SIGN

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	WILDER DEZIL	3126 SEIGNEURY DRIVE	WINDERMERE, FL 34786

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: WILDER DEZIL [Signature] July 30, 2001 (407)832-6284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)