

APPLICATION  
FOR  
REINSTATEMENT



**Katherine Harris**  
Secretary of State

## DIVISION OF CORPORATIONS

### 1. Corporation Name

Principal Place of Business

Mailing Address

1134 BELMORE TERRACE  
WELLINGTON FL 33414

1134 BELMORE TERRACE  
WELLINGTON FL 33414

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1144 Goldenrod Kd Hpt 1144 Goldenrod Kd Hpt 1

Wellington, FL - Wellington, FL

|       |         |       |         |
|-------|---------|-------|---------|
| Zip   | Country | Zip   | Country |
| 33414 | USA     | 33414 | USA     |

4. Date Incorporated or Qualified To Do Business in Florida

05/13/1999

5. FEI Number

|             |  |
|-------------|--|
| Applied For |  |
|-------------|--|

65-0917160

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)

| <b>Title(s)</b> | <b>Name of Officers<br/>and/or Directors</b> | <b>Street Address of Each<br/>Officer and/or Director</b> | <b>City / State / Zip</b>   |
|-----------------|--|---|---|
| P               | WHEELER, RONALD                              | 1134 BELMORE TERR   | WELLINGTON FL 33414   |
|                 |  |   | 400004716934--3<br>-12/10/01--01089--022<br>****750.00 ****750.00 |
|                 |  |   |   |
|                 |  |   |   |
|                 |  |   |   |
|                 |  |   |   |

**8. Name and Address of Current Registered Agent**

**9. Name and Address of New Registered Agent**

LANCIANESE, JOHN L JR. CPA  
2037 VININGS CIRCLE, STE. 321  
WELLINGTON FL 33414

Name Joseph Telles  
Street Address (P.O. Box Number is Not Acceptable) 12365 W. Forest Hill Blvd.  
Suite, Apt. #, Etc.  
Suite 1305  
City Wellington State FL Zip Code 33414

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.

Signature of  
Registered Agent

**REGISTERED AGENT MUST SIGN**

Date 11/14/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #