

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 APR -5 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000046901

1. Corporation Name

John R. WAGNER P. A.

2. Principal Office Address

7910 SUMMERLIN LAKES DR

Suite, Apt. #, etc.

City & State

FT. MYERS, FL

Zip

33907

Country

LEE

3. Mailing Office Address

7910 SUMMERLIN LAKES DR

Suite, Apt. #, etc.

City & State

FT. MYERS, FL

Zip

33907

Country

LEE

4. Date Incorporated or Qualified  
To Do Business in Florida

5-24-99

5. FEI Number

650924776

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

John R. WAGNER

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

320 PRATHER DR.

Suite, Apt. #, Etc.

City

FT MYERS

State

FL

Zip Code

33919

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

John R. Wagner

REGISTERED AGENT MUST SIGN

Date 3-30-04

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
P	John R WAGNER	320 PRATHER DR	FT MYERS, FL 33919
V	CAROL L. WAGNER	320 PRATHER DR	FT MYERS, FL 33919

600031808036  
04/05/04--01016--018 \*\*450.00

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:

John R. Wagner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-04

Date

239-489-0444

Daytime Phone #

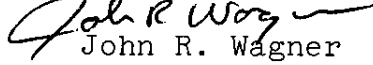
PS 282

3/30/04

TO WHOM IT MAY CONCERN:

As per the conversation with BB Mitchell, there will be no reinstatement fee due to the fact that the address the previous forms were sent to was not correct.

Thank You

  
John R. Wagner

239/489/0444

239/433/0437