

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 AUG -9 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000048406

1. Corporation Name

Wayne Jenkins Realty
and Development, Inc

2. Principal Office Address

3240 Galloway Rd

Suite, Apt. #, etc.

3. Mailing Office Address

3240 Galloway Rd

Suite, Apt. #, etc.

City & State

LAKELAND, FL

Zip

338

Country

City & State

LAKELAND, FL

Zip

338010

Country

U.S

REINSTATEMENT 00-02

4. Date incorporated or Qualified
To Do Business in Florida

May 27, 1999

5. FEI Number

59-3615947

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ELLIS WAYNE JENKINS

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

3240 Galloway Road Lakeland, FL

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33810

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]
REGISTERED AGENT MUST SIGN

Date 8-01-02

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
<u>Pres</u>	<u>ELLIS WAYNE JENKINS</u>	<u>810 MISSISSIPPI AVE</u>	<u>Lakeland, FL 33801</u>
<u>T</u>	<u>ELLIS WAYNE JENKINS</u>	<u>810 MISSISSIPPI AVE</u>	<u>Lakeland, FL 33801</u>
<u>S</u>	<u>ELLIS WAYNE JENKINS</u>	<u>810 MISSISSIPPI AVE</u>	<u>Lakeland, FL 33801</u>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELLIS WAYNE JENKINS (863) 581-0693

Date

Daytime Phone #

8/9/02