

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000051923**

1. Corporation Name

WENCK ENTERPRISES, INC.

Principal Place of Business

Mailing Address

15349 AMBERLY DR.
TAMPA FL 33647

15349 AMBERLY DR.
TAMPA FL 33647

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.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/1999

5. FEI Number

59-3580399

Applied For

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	WENCK, DAVID R	15349 AMBERLY DR.	TAMPA FL 33647

300024052953
10/23/03--01070--005 **150.00

8. Name and Address of Current Registered Agent

WENCK, DAVID R
15349 AMBERLY DR.
TAMPA FL 33647

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/20/03

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

Date

10/20/03 813-866-0024
Daytime Phone #

CR2E040 (7/03)

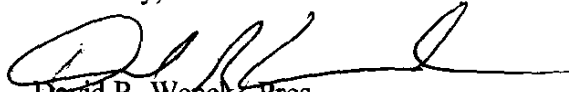
15349 Amberly Dr.
Tampa, Fl. 33647
813-866-0624

Dept. of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Ms.Hood,

This letter is to inform you that my company, Wenck Ent. Inc., did not receive any prior UBR notices. I am requesting that the reinstatement fee be waived. Enclosed you will find my completed application for reinstatement and a check for the filing fee of \$150. If you have any questions please contact me at the above address. Thank you for your attention to this matter.

Sincerely,



David R. Wenck, Pres.