

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

Final

APPLICATION
FOR
REINSTATEMENT



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

00 OCT 23 PM 4:18

DOCUMENT # P99000053756

1. Corporation Name

WYNN DIVERSIFIED, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

755 VIVIENDA NORTH CT.
VENICE FL 34292

755 VIVIENDA NORTH CT.
VENICE FL 34292



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

4197 TAMiami TR. So.
Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/1999

5. FEI Number

65-0930301

Applied For

Not Applicable

City & State
VENICE, FL.

City & State

Zip
34293

Country
USA

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| President | John H. Wynn | 284 Villanova Rd. # | VENICE, FL. 34293 |
| Secy | MARY A. Wynn | 284 Villanova Rd. | VENICE, FL. 34293 |
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| | | | |

800003459828-6
11/03/00 01125-001
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEPHEN F. VOIGT, P.A.
2414 BEE RIDGE RD.
SARASOTA FL 34239

Name

JAMES R. HADNAY

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

2159 S. TAMiami Trail

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34293

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

James R. Hadnay
REGISTERED AGENT MUST SIGN

Date 10-19-00

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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

John H. Wynn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-00

Date

941-497-34

Daytime Phone #

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Wynn Diversified Inc.

284 Villanova Rd.
Venice, Fl. 34293
941-497-4946

10-19-2000

To: Division of Corporations
P.O. Box 6327

~~Tallahassee, Fl. 32314-6327~~

Re: **Not receiving original notices (Jan/June 2000) of the Annual Report/Uniform Business Report.**

On 11-25-1999, a letter was sent to your office concerning my change of address. (Copy enclosed). Evidently this was not received and the old address was still being used. This former address (755 Vivienda North Ct., Venice, Fl. 34292) was my temporary residence when I moved to Florida and evidently the resident(s) there failed to return any mail from the Department of State to me, and in addition the Post Office failed to forward any mail to my new address.

I'm enclosing the completed form requesting reinstatement and a check in the amount of \$150.00 for the original fees.

John H. Wynn Pres.

