

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000053904

1. Corporation Name

WILSEY ENTERPRISES, INC.

Principal Place of Business

Mailing Address

P.O. 770396
NAPLES FL 34107

P.O. 770396
NAPLES FL 34107



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

2. New Principal Office Address, If Applicable

28441 S. Tamiami Trail

Suite, Apt. #, etc.

Suite 208

City & State

Bonita Springs, FL

Zip

34134

Country
USA

3. New Mailing Office Address, If Applicable

← Same as left ←

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/1999

5. FEI Number

59-3579790

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WILSEY, ROBERT J	P.O. BOX 770396 28441 S. Tamiami Trail Suite 208 Bonita Springs, FL	NAPLES FL 34107 Bonita Springs, FL 34134
D	WILSEY, CAROL T	P.O. BOX 770396 28441 S. Tamiami Trail Suite 208	NAPLES FL 34107 Bonita Springs, FL 34134
			800004698648--7
			-11/23/01--01059--016
			***750.00 ***750.00
			REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILSEY, ROBERT J 149 WILLOWICK DR NAPLES FL 34110	Name Robert J. Wilsey Street Address (P.O. Box Number is Not Acceptable) 2873 Lone Pine Lane Suite, Apt. #, Etc. City Naples State FL Zip Code 34119
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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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/21/01

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

10/21/01

Date

941-590-0333

Daytime Phone #

CR2040 (8/01)