

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 APR 26 PM 4:59

DOCUMENT # P99000062609

1. Corporation Name

J. WOLF CORPORATION

2. Principal Office Address

\$¢ Jean Lafitte Drive

Suite, Apt. #, etc.

City & State

Key Largo, Florida

Zip

33037

Country

Monroe

3. Mailing Office Address

Post Office Box 1880

Suite, Apt. #, etc.

City & State

Key Largo, Florida

Zip

33037

Country

Monroe

**4. Date Incorporated or Qualified
To Do Business in Florida**
July 14, 1999

5. FEI Number

65-0934096

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

05-01-00 90020 009 \$150.00

7. Name and Address of Current Registered Agent

Name

ALBERT I. CASKILL

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

46 Jean Lafitte Drive

Suite, Apt. #, Etc.

City

Key Largo

State

FL

Zip Code

33037

300004194793-5
-05/11/01--01010--007
****750.00 ****750.00

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

Date April 24, 2001

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprof 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

V/D

ALBERT I. CASKILL

46 Jean Lafitte Drive

Key Largo, Florida 33037

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 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

4/24/2001

Date

(305) 451-3028

Daytime Phone #

CR2E081 (9/00)