

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000066615

1. Corporation Name

W.G. & SONS, INC.

2. Principal Office Address - No P.O. Box #

214 PALAFOX PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

2020 HAMILTON CROSSING Rd

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

CANTONMENT, FL

Zip

32502

Country

ESCAMBIA

Zip

32533

Country

ESCAMBIA

7. Name and Address of Current Registered Agent

Name

GENEVA DAVIS

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

2020 HAMILTON CROSSING Rd

Suite, Apt. #, Etc.

City

CANTONMENT

State

FL

Zip Code

32533

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

Geneva Davis

REGISTERED AGENT MUST SIGN

Date

12/17/2011

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>V.P.</u>	<u>C. Michael Ashby</u>	<u>46 N. DONELSON ST.</u>	<u>PENSACOLA, FL 32501</u>
<u>P.</u>	<u>GENEVA DAVIS</u>	<u>2020 HAMILTON CROSSING</u>	<u>CANTONMENT, FL 32533</u>
	<u>A12/11</u>		

10. E-mail Address: GENDV7@ATT.NET

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE

Geneva Davis (GENEVA DAVIS)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/17/2011 (850) 968-5034

Daytime Phone #

FILED

2011 DEC 19 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800215343858

12/19/11--01054--003 **1050.00

REINSTATEMENT 09-11

4. Date Incorporated or Qualified
To Do Business in Florida

September 1999

5. FEI Number

59-359-4099

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status