

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 24 PM 3:18

DOCUMENT # P99000070318

1. Corporation Name

WIPERS & ACCESSORIES, INC.

Principal Place of Business

Mailing Address

12050 NW 60TH AVE  
CHIEFLAND FL 32626

~~5440 N OCEAN DRIVE #P106~~  
~~SINGER ISLAND FL 33404~~



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

12050 N.W. 60th AVE

4. Date Incorporated or Qualified  
To Do Business in Florida

08/03/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CHIEFLAND, FL

5. FEI Number

65-0907622

Applied For

Not Applicable

Zip

Country

Zip

32626

Country

LEUY

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	GOLDBERG, ROBERT A	<del>5440 N OCEAN DRIVE #P106</del> 12050 N.W. 60th AVE	<del>SINGER ISLAND FL 33404</del> CHIEFLAND, FL 32626

200004750652--0

-01/04/02--01016--014

\*\*\*\$750.00 \*\*\*\$750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOLDBERG, ROBERT A

5440 N OCEAN DRIVE #P106

SINGER ISLAND FL 33404

12050 NW 60th AVE  
CHIEFLAND FL  
32626

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Robert A. Goldberg*  
REGISTERED AGENT MUST SIGN

Date

11/10/01

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:

*Robert A. Goldberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/10/01 352-443-0030

CR26040 (8/01)