

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 15 AM 9:47

DOCUMENT # P99000078375

1. Corporation Name

WESBRY-AUSBAY, INC.

Principal Place of Business

Mailing Address

~~715-17TH ST.~~

~~VERO BEACH FL 32960~~

715-17TH ST.

VERO BEACH FL 32960

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

2. New Principal Office Address, If Applicable

2305 OLEANDER AVE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

SUITE 1

City & State

FORT PIERCE FL

City & State

Zip

34982

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/01/1999

5. FEI Number

65-0945225

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	EARL, DEAN	715- 17TH ST	VERO BEACH FL 32960
ST	LATC.R.,	36 SOVERIGN WAY	FORT PIERCE FL 34949
			300004649273--9 -10/23/01--01015--005 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

FEE, FRANK H III  
401 SOUTH INDIAN RIVER DRIVE  
FORT PIERCE FL 34950

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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]*

REGISTERED AGENT MUST SIGN

Date

OCT 11, 2001

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:

*Dean W. Earl* (DEAN W. EARL)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/01 (561) 569-4822

Daytime Phone #

CPRE040 (8/01)