

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 CORPORATIONS

00 NOV 15 PM 12:59

DOCUMENT # P99 000083053

1. Corporation Name

Wayne Enterprises, Inc.

2. Principal Office Address

3. Mailing Office Address

5226 Penguin Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Holiday FL

City & State

Zip

Country

34690

Pasco

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/14/1999

5. FEI Number

650951217

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00

7. Name and Address of Current Registered Agent

Name

Carl Chewins

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

9011 Olde Hickory Cir.

Suite, Apt. #, Etc.

City

Fort Meyers

State

FL

Zip Code

33912

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

Carl Chewins

REGISTERED AGENT MUST SIGN

Date 11-6-2000

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
Pres.	Arthur Baker	5226 Penguin Dr.	Holiday, FL 34690

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 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.

ARTHUR W. BAKER

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

11-6-2000

Date

727-9374015

Daytime Phone #