

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # *P 99000090360*

1. Corporation Name

*WINGS PLUS OF BOYNTON BEACH
INC.
9804 MILITARY TRAIL B-8
BOYNTON BEACH FL 33436*

2. Principal Office Address

9804 MILITARY TRAIL

Suite, Apt. #, etc.

B-8

City & State

BOYNTON BEACH, FL.

Zip

33436

Country

PALESTINE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT *00-02*

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

11-01-99

5. FEI Number

05-0954407

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BRIAN Seida

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

4403 White Feather Trail

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State
FL

Zip Code

33436

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

Brian Seida

REGISTERED AGENT MUST SIGN

Date *5-23-02*

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
<i>P</i>	<i>BRIAN Seida</i>	<i>4403 White Feather TR.</i>	<i>BOYNTON Bch., FL 33436</i>

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.

SIGNATURE:

Brian Seida

BRIAN Seida

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

5/23/02

Daytime Phone #

9549841600

CR2E081 (9/01)