

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FOR
REINSTATEMENT

FILED

00 OCT 23 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000092631

1. Corporation Name

WILKES ENGINEERING, INC.

Principal Place of Business

Mailing Address

2127 BROADWATER DRIVE
JACKSONVILLE FL 32225

2127 BROADWATER DRIVE
JACKSONVILLE FL 32225



REINSTATEMENT

2000

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3602621

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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	WILKES, P. GLENN	2127 BROADWATER DRIVE	JACKSONVILLE FL 32225
DS	WILKES, LEAH A	2127 BROADWATER DRIVE	JACKSONVILLE FL 32225

700003455867--8

11/07/00-01109-018

****758.75 ****758.75

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILKES, P. GLENN
2127 BROADWATER DRIVE
JACKSONVILLE FL 32225

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 of Registered Agent
REGISTERED AGENT MUST SIGN

Date 10-20-00

CR2ED40 (9/00)

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:

Signature of Officer or Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-00

Date

223-6000

Daytime Phone #