

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # S09401

1. Corporation Name

T. L. WINGATE INC.

Principal Place of Business

3514 BROADWAY  
WEST PALM BEACH FL 33407

Mailing Address

3514 BROADWAY  
WEST PALM BEACH FL 33407

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/12/1990

5. FEI Number

65-0339491

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
P	WINGATE, TIMOTHY L	149 WEST 13TH STREET	RIVIERA BEACH FL 33404

300003032853--4  
-11/02/99--01087--007  
\*\*\*\*\*758.75 \*\*\*\*\*758.75

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WINGATE, TIMOTHY L  
149 WEST 13TH STREET  
RIVIERA BEACH FL 33404

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 10.19.99

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 AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

*[Signature]*

10.19.99

Date

Daytime Phone #

561  
863-9560

FILED

99 OCT 22 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 99

CR20040 (8/99)