

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 AUG 26 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 5-20435

1. Corporation Name

Wallace Builders Inc.

2. Principal Office Address

595 45th Ave.

Suite, Apt. #, etc.

City & State

Vero Beach

Zip

Country

32968 USA

3. Mailing Office Address

595 45th Ave.

Suite, Apt. #, etc.

City & State

Vero Beach

Zip

Country

32968 USA

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

Jan 4 1990

5. FEI Number

65-0251492

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

Graff, Fanaro, + Glenn (Ron Fanaro)

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

7555 20th St.

Suite, Apt. #, Etc.

City

Vero Beach FL

State

FL

Zip Code

32966

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 8-23-02

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
Pres	Kyle Wallace	595 45 th Ave	Vero Beach, FL 32968
V.P.	Susan Wallace	595 45 th Ave.	Vero Beach, FL 32968

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

Kyle Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/02 (772) 569-7363
Date Daytime Phone #

CR2E081 (9/01)

20f2

Wallace Builder's Inc.
595 45th Ave .
Vero Beach. Fl. 32968
(772) 569-7363

To Whom It May Concern,

I am writing this letter to reinstate my corporation; Wallace Builders Inc. It has recently been brought to my attention by my Worker's Compensation provider that I have not filed corporation activation papers since 1991. This oversight has been unfortunate because I have never received the papers from the state requesting me to do so.

Enclosed is a check for \$1837.60 to reinstate my corporation. The corporation name is listed incorrectly under Roy Wallace, and this needs to be correctly listed under Kyle Wallace. This error may possibly be the reason I've never received the proper paperwork to file annually.

Due to this confusion, I am respectfully requesting that you waive the \$500.00 late fee.

Sincerely,
Kyle Wallace

A handwritten signature in cursive script that reads "Kyle Wallace".