

CAPITAL CONNECTION

850 222 1222

03/25 '99 11:09 NO.056 02/03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 579867

1. Corporation Name

WIG PROPERTIES, INC.

Principal Place of Business

2239 EAST SR 200 YULEE, FL. 32097

Mailing Address

P.O. Box 1436 YULEE, FL. 32041

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

SEPT 13, 1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3083618

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Director	William Ison Guess	1484 LOGAN RD	YULEE, FL. 32097

7000002823147--3
03/30/99 01032 003
***1350.00 ***1350.00

REINSTATEMENT 95-99 B. 3/26/99

8. Name and Address of Current Registered Agent

William Ison Guess
2239 East SR 200
YULEE, FL. 32041

9. Name and Address of New Registered Agent

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 607.0503, F.S.

Signature of Registered Agent William Ison Guess
REGISTERED AGENT MUST SIGN

Date 3/25/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on Intangible tax.)

12. 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)(f), F.S. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: William Ison Guess William Ison Guess 3/25/99 9042252696