

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

2014 FEB 26 AM 9: 41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H24126  
1. Corporation Name

**Woolbright Corporation**

|   |  |   |  |
|---|--|---|--|
| 2. Principal Office Address - No P.O. Box #<br>2240 NW 19th Street<br>Suite, Apt #, etc.<br>Suite 801<br>City & State<br>Boca Raton, FL<br>Zip<br>33431<br>Country<br>USA |  | 3. Mailing Office Address<br>2240 NW 19th Street<br>Suite, Apt #, etc.<br>Suite 801<br>City & State<br>Boca Raton, FL<br>Zip<br>33431<br>Country<br>USA |  |
|---|--|---|--|

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida  
10-05-1984

|                             |                               |
|-----------------------------|-------------------------------|
| 5. FEI Number<br>59-2620389 | Applied For<br>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  
David J. Wiener

Street Address (P.O. Box Number is Not Acceptable)  
2240 NW 19th Street

Suite, Apt #, Etc.  
Suite 801

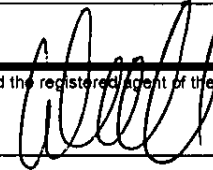
City  
Boca Raton

State  
FL

Zip Code  
33431

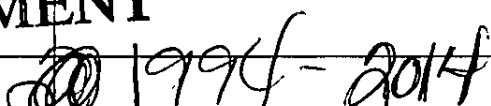
700257179617  
02/26/14--01005--020 \*\*3750.00

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  Date 2/20/14

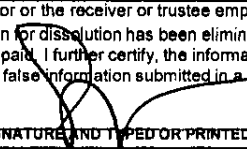
REGISTERED AGENT MUST SIGN

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   |
|--|-----------------------------------|--|----------------------|
| PD   | Duane J. Stiller                  | 2240 NW 19th Street, Suite 801                 | Boca Raton, FL 33431 |
| VSTD   | Soraya Tyriver                    | 2240 NW 19th Street, Suite 801                 | Boca Raton, FL 33431 |
| V  | Jorge Morell                      | 2240 NW 19th Street, Suite 801                 | Boca Raton, FL 33431 |
| <b>REINSTATEMENT</b>   |                                   |  | <b>S. HAWKES</b>     |
|  |                                   |  | FEB 21 A.M.          |

10. E-mail Address: jsarkisian@woolbright.net (To be used for future annual report notification) **EXAMINER**

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:  Date 2/20/14 561-989-2911 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Woolbright Corporation  
2240 NW 19<sup>th</sup> Street, Suite 801  
Boca Raton, FL 33431  
561-989-2911

February 20, 2014

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
Attn: Suzanne Hawks

**VIA FEDEX**

Re: Woolbright Corporation Reinstatement

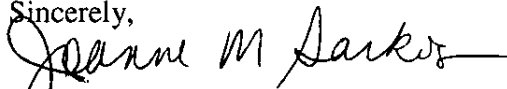
Dear Ms. Hawks:

I spoke with you on February 13, 2014 regarding the reinstatement of Woolbright Corporation. The Department of State had received our request electronically and had requested a letter from us which we forwarded on February 10, 2014 via FedEx.

You advised that payment of \$3,750 was required in the form of a check. I have enclosed that check made payable to the Florida Dept of State Division of Corporations to cover the fees of the reinstatement. Also enclosed is the executed Corporation Reinstatement.

Should you have any questions concerning the foregoing, please contact me at 561-989-2911.

Sincerely,



Joanne M. Sarkisian

/jms  
Encl.