

**APPLICATION
FOR
REINSTATEMENT**

Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC 11 AM 8:46

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # J63536**

Welcome USA of Florida, Inc.
351 Altara Ave.
Suite B
Coral Gables, FL 33146

2. If Address in Block 1 is incorrect, enter the correct address below:

Address: **TALLAHASSEE, FLORIDA**
City and State: _____ Zip Code: _____

3. If Principle Office Address is different from mailing address, enter address below:

Address: _____
City and State: _____ Zip Code: _____

REINSTATEMENT 14-97

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

3/25/87

5. FEI Number

65-002953

FEI Number Applied For

FEI Number Not Applicable

6. \$0.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PHD	O. Kendall Hege	351 Altara Ave Suite B	Coral Gables, FL 33146
VSD	Lanier B. Hege	351 Altara Ave. Suite B	Coral Gables, FL 33146

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-12/16/97--01062-001
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REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

O. Kendall Hege
351 ALTARA AVE
Suite B
Coral Gables, FL 33146

9. If changed, new registered agent / office

Name: Lanier B. Hege
Street Address (Do NOT Use P.O. Box Number): 351 Altara Ave Suite B
Street Address (Do NOT Use P.O. Box Number):
City: Coral Gables State: FL Zip: 33146

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent: *Lanier Hege*
REGISTERED AGENT MUST SIGN

Date: 12/10/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information)

12. Does this corporation pay any Intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax)

13. 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. 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 of Officer or Director: *Lanier Hege*

Date: 12/10/97 Daytime Phone #: 305-441-1231

Typed or printed name of signing officer or director