

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

97 NOV -3 PM 3:02

*mtw*  
*1/4*

DOCUMENT # **K86128**

1. Corporation Name  
**WOOLBRIGHT MANAGEMENT, INC.**

Principal Place of Business <b>209 PHIPPS PLAZA                  PALM BEACH FL 33480                  US</b>	Mailing Address <b>209 PHIPPS AVENUE                  PALM BEACH FL 33480                  US</b>
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**REINSTATEMENT 97**

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	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		05/08/1989	
City & State		City & State		5. FEI Number <b>65-0138559</b>	
Zip		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<i>D/P/S</i>	STILLER, DUANE	209 PHIPPS PLAZA	PALM BEACH FL
<i>D/V</i>	STILLER, DALIA	209 PHIPPS PLAZA	PALM BEACH FL

700002340027--1  
 -11706797--01052--002  
 \*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
STILLER, DUANE 209 PHIPPS PLAZA PALM BEACH FL 33480		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Sulte, Apt. #, Etc.	
		City	State <b>FL</b> 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]* Date: **10/31/97**

REGISTERED AGENT MUST SIGN

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)(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]*, *Pres* Date: **10/31/97** Daytime Phone #: **561-835-1810**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE040 (8/97)