	PLEASE READ	ALL INST	RUCTIONS	BEFORE C	COMPLETI	NG THIS FO	ORM.		
	PLICATION FOR STATEMENT	FLORID	A DEPARTMEI Sandra B. Moi Secretary of S	NT OE STATE tham State		*-;			
DOCUMENT # N97000001223 Articles of Incorporation									
1. Corporation Name and Amendment					98 OCT 27 PM 2: 33				
WAYNE DENSCH CENTER, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business Mailing Address								٠	
1603 E. Marks Street Orlando, FL 32803									
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					1000026767912 -10/30/9801057004 ****236.25 ****236,25				
	ncipal Office Address, If Applicable	ng Office Address, If			rated or Qualified				
Suite, Apt #, etc. Suite, Apt. #,			etc.		To Do Business in Florida March 4, 1997				
City & State City & State				<u>,</u>	5. FI Number 2999 Applied For Not Applied be				
Zip	Country	Zip	Countr	y	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Add for a Ce	itional Fee require rtificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least									
Title(s) 1	Name of Officers and/or Directors	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip				
Chm.	Leonard E. Williams	2518 Norfolk Road			Orlando, FL 32803				
D	John A. Williams	1100 Munster			Orlando, FL 32803				
D	Thomas R. Allen	105 E. Robinson St. Suite 201			Orlando, FL 32801				
D _	Thomas N. Tompkins Charles W. Clayton,	1731 Boggy Creek Road 611 N. Wymore Road			Kissimmee, FL 32741 Winter Park, FL 32789				
D	Marshall E. Vermillion 800			300 N. Magnolia, Suite 800			Orlando, FL 32801		
D	William A. Walker, II 250 Par			Ave. S., Suite 500 Winter Park, FL 32789					
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent				
Thomas R. Allen 105 E. Robinson St., Suite 201				Street Address (P.O. Box Number is Not Acceptable)					
Orlando, FL 32801 Suite Apt. #, Etc.					- CONTRACTOR OF CONTRACTOR				
				City	VIFIM		State Zip C	ode	
10. I, being	appointed the registered agent of the abov	e named corpo	ration, am familiar wil	h and accept the ob	ligations of Sectio	n 607.0505, F.S.	· • • • · · ·		
Signature of Registered A	Agent Thomas &,	Ellen BISTERED AGE	ENT MUST SIGN			Date			
	s corporation owes or ha angible Personal Property			r Yes 🔲	No 🛛		other side for infi on intangible ta		

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 filling 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 AND UPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Leonard E. Williams, Chairman of the Board and Director

SIGNATURE:

407/323-5600 Daytime Phone # CH2E040 (1/98)