PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|   | FI ORID             |  |   |  |   |  |  |
|---|---------------------|--|---|--|---|--|--|
| APPLICATION FLORIDA DEPARTMENT OF STATE Sandra B. Mortham   |                     |  |   |  |   |  |  |
| FOR REINSTATEMENT   |                     |  | Secretary of State vision of corporations |  |   | FILED  |  |
| DOCUMENT # N98000000731   |                     |  |   | 99 DEC 30 PM 1:59  |   |  |  |
| 1. Corporation Name   |                     |  |   |  | SECR  | ETARY OF STATE   |  |
| Wake Up America of Lake Fairways, Inc.  |                     |  |   |  | TALLA                                       | HASSEE, FLORIDA  |  |
| Principal Place of Business Mailing Address   |                     |  |   |  | ] .   |  |  |
| 2248 First Street   | P.O.                | P.O. Box 610   |   |  | <b>!</b>                                    |  |  |
|   |                     |  |   | 33902-0610   | L   |  |  |
|   |                     |  |   | HEINS  | TATEMENT 04-                                |  |  |
| If above addresses are incorrect in any way, line 2.4New Principal Office Address, If Applicable  |                     | n incorrect information and enter correction below.  New Mailing Office Address, If Applicable |   |  | Thurst - LD                                 | orated or Qualified                                      |  |
| 7642 Eaglet Court   | P.O.                | P.O. Box 1020  |   |  | To Do Business in Florida Feb. 6, 1998      |  |  |
| Suite, Apl. #, etc.   | Sune, Apt. #, 6     | Suite, Apt. *, etc.  |   |  | 5. FEI Number Applied For                   |  |  |
| City & State Ft. Myers, FL  | City & State        | City & State<br>Ft. Myers, FL  |   |  | 65-0811718 Not Applicable                   |  |  |
| Zip Country   | Zip                 |  | Country                                   |  | 6.<br>CERTIFICATE                           | S.75 Additional Fee required for a Certificate of Status |  |
| 7. Names and Street Addresses of Each Office  |                     | -1020  | ili como                                  | USA_   | least 3 directors                           |  |  |
| Name of Officers  |                     | l longit   | Stre                                      | et Address of Eacl   | h   |  |  |
| Title(s) and/or Directors 1 2   |                     |  |   | cer and/or Director<br>e Post Office Box Numbers)                    |   | City / State / Zip                                       |  |
| D/P Norman Poitras  | 19232 Cedar Chest   |  |   |  | N. Ft. Myers, FL 33903                      |  |  |
| D/T Thomas Wiley, Jr.   |                     |  | 7642 Eaglet Court                         |  |   | Ft. Myers, FL 33912                                      |  |
| D/V Mrs. Burnette Bloodworth 1441 Man   |                     |  |   | villa Avenue Ft. Myers, FL 33901                                     |   |  |  |
|   |                     |  |   |  | # <b>!</b> [                                | 100031033448<br>-01/19/0001079015                        |  |
|   |                     |  |   |  |   | ****236.25 <b>\$</b> ****236.25                          |  |
|   |                     |  | -   |  |   |  |  |
| 8. Name and Address of Current Registered Agent   |                     |  |   |  | 9. Name and Address of New Registered Agent |  |  |
| Robert A. Winesett  |                     |  |   | Name Thomas Wiley, Jr.   |   |  |  |
| 2248-First-Street<br>Ft. Myers, FL 33901  |                     |  |   | Street Address (P.O. Box Number is Not Acceptable) 7642 Eaglet Court |   |  |  |
| 10. Hyons, 12 55701   |                     |  | Suite, Apt. #, Etc.                       |  |   |  |  |
|   |                     |  | City<br>Ft. My                            |  | ers   | State Zip Code   |  |
| 10. I, being appointed the registered agent of th   | e above named sigrp | oration, am f  | lamiliar v                                | L  |   |  |  |
| Signature of Registered Agent Director Date 12/13/99  |                     |  |   |  |   |  |  |
| 11 This corporation owes of   | has haid th         | e critte   | nt ve                                     | ar   |   | (See other side for information                          |  |
| 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 filling this reinstalement 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 name 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. |                     |  |   |  |   |  |  |
| 11  | _ ^                 | . 1  |   | 1  |   |  |  |
| SIGNATURE: 12/13/99 941-768-3813  |                     |  |   |  |   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF/SIGNING OFFICER OR DIRECTOR Date Daytime Phone #   |                     |  |   |  |   |  |  |

STF FL32474F.1