	DI = 10= D= 10						
	PLEASE READ PLICATION FOR STATEMENT	FLORID	RUCTIONS A DEPARTMEI Sandra B. Mor Secretary of S IVISION OF CORPO	NT OF STATE tham State]	ING THIS FOR FILED SECRETARY OF IVISION OF CORPI	
DOC!	UMENT # 70334			97 OCT 31 PM 4: 16			
WESLE A, INC	EY MEMORIAL UNITED I	METHOD	IST CHURC	H OF TAME		北10131	
Principal Place of Business Mailing Add			ress		}		
6100 MEMORIAL HIGHWAY TAMPA FL 33615		6100 MEMORIAL HIGHWAY TAMPA FL 33615					
If above a	addresses are incorrect in any way, line thr incipal Office Address, if Applicable	nformation and enter correction below.		4. Date Incorporated or Qualified			
			ulte, Apt. #, etc.			III FIQINA	12/18/1974
City & State		City & State			5. FEI Number Applied For Not Applied by Not Applied For		
		Zip Country		l	E OF STATUS DESIRED	\$8.75 Additional Fee require for a Certificate of Status	
7. Names	and Street Addresses of Each Officer and/ Name of Officers	or Director (Flo	· · · · · · · · · · · · · · · · · · ·	itions must list at lea eet Address of Each	···		
Title(s)	and/or Directors	Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip		
PD	DITTMAR, CHARLES H. JR.	4711 TRAVERTINE DRIVE			TAMPA FL		
VPD-	WETZEL, NORMAN	8724 ELMWOOD LANE 845/ Flag stone Dr.			TAMPA FL Tampa, FL		
SD			8325 BAY POINTE DRIVE #1203			TAMPA FL	
						000023381526 -11/04/97-01087030	
					· · · · · · · · · · · · · · · · · · ·	****236.	25 ****236 . 25
14.							
8. Name and Address of Current Registered Agent				Name	9. Name and	Address of New Regist	ered Agent
CHARLES H. DITTMAR , JR. 4711 TRAVERTINE DRIVE				Street Address (P.O. Box Number is Not Acceptable)			
TAMPA FL 33615				Sulte, Apt. #, Etc.			
				City			State Zip Code
10. I, being	appointed the registered agent of the abo	ve named corp	oration, am familiar wi	th and accept the ol	oligations of Sect	ion 607.0505, F.S.	
Signature o Registered	Agent	GISTERED AC	GENT MUST SIGN			Date 19/29	3/97
	is corporation owes or ha			ar Vas 🗀	No IX		per side for information

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.

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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR