

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1998 NOV 23 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SCC 11-23-98



REINSTATEMENT '98

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # 728762
 1. Corporation Name
 THE WILLIAM KENNERSON WILSON MEMORIAL, INC.

Principal Place of Business Mailing Address
 425 N. MARION ST. 425 N. MARION ST.
 P.O. BOX 372 P.O. BOX 372
 LAKE CITY FL 32055-2845 LAKE CITY FL 32055-2845

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
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 02/06/1974
 5. FEI Number 59-1641534 Applied For Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	WILSON, HUGH A JR.	425 N. MARION ST.	LAKE CITY FL 32055
VPD	HEYWARD, LOVELYN W	4380 OLD STERLINGTON ROAD	LAKE CITY FL 71203
STD	WISON, JAMES Y	2319 INGLEWOOD DRIVE	LAKE CITY FL 32055
VD	HEYWARD, LOVELYN WILSON	MAGNOLIA BLUFF	EAST POINT, FL 00000
VPD	Heyward, Lovelyn W.	4380 Old Sterlington Road	Monroe, Louisiana 71203

8. Name and Address of Current Registered Agent
 WILSON, HUGH A JR.
 425 N. MARION ST.
 LAKE CITY FL 32055

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable) 800002700038--1
 Suite, Apt. #, Etc. -12/02/98-01036-018
 City State Zip Code
 ****245.00 ****245.00
 FL

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]* **REQUIRED** Date 11-19-98
 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)(f), 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]* **REQUIRED** 904-752-1236
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR22000 (9/98)