

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 24 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 816853

1. Corporation Name

THE WEALDEN COMPANY, INC.

2. Principal Office Address

2605 82nd Ave.

3. Mailing Office Address

336 N 74th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Seattle, WA

Zip

32960

Country

USA

Zip

98103

Country

USA

**REINSTATEMENT** 03

4. Date Incorporated or Qualified  
To Do Business in Florida

1962

5. FEI Number

510099612

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

MOSS, HENDERSON, BLANTON, LANIER, KRETSCHMER & MURPHY P.A.

Street Address (P.O. Box Number is Not Acceptable)

817 BEACHLAND BLVD.

Suite, Apt. #, Etc.

500024950475

11/24/03--01023--010 \*\*750.00

City

VERO BEACH

State

FL

Zip Code

32964

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 19 Nov 03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	J. GREGORY WHARTON	336 N 74th ST SEATTLE, WA 98103	
VTD	KENNETH B. WHARTON	210 CALDERON AVE #106	MOUNTAIN VIEW, CA 94041
SD	JEAN W. PETTITT	1001 ARBOLADO RD	SANTA BARBARA, CA 93103

10. 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]*  
J. GREGORY WHARTON  
PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/2003 (206) 789-5055  
Date Daytime Phone #

CR2E081 (10/02)