
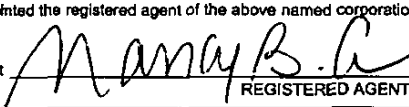
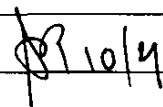
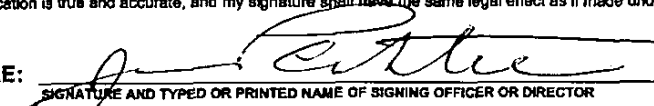


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 OCT -3 PM 3: 04 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F02000002528				
1. Corporation Name Weldon, Inc. Weldon, Inc. of Maryland				
2. Principal Office Address 751 Park of Commerce Drive		3. Mailing Office Address		
Suite, Apt. #, etc. Suite 128		Suite, Apt. #, etc.		
City & State Boca Raton, FL		City & State		
Zip 33487	Country USA	Zip	Country	
4. Date Incorporated or Qualified To Do Business In Florida 05/21/2002		5. FEI Number 52-2038370		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>		
7. Name and Address of Current Registered Agent				
Name: Nancy Colman, c/o Dreier Baritz & Colman Baritz & Colman LLP				
Street Address (P.O. Box Number is Not Acceptable): 150 East Palmetto Park Road				
Suite, Apt. #, Etc.: Suite 750				
City: Boca Raton, FL		State: FL	Zip Code: 33432	
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: 		Date: 9/22/06		
REGISTERED AGENT MUST SIGN				
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	
Pres	Jack H. Pechter	751 Park of Commerce Drive, Suite 128	Boca Raton, FL 33487-3623	
VT	Jeffrey S Pechter	751 Park of Commerce Drive, Suite 128	Boca Raton, FL 33487-3623	
VS	Martin H Pechter	751 Park of Commerce Drive, Suite 128	Boca Raton, FL 33487-3623	
				
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 contained in Chapter 119, 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: 		Date	Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				