PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE CORPORATION **Katherine Harris** FILED REINSTATEMENT SEURETARY OF STATE Secretary of State DIVISION OF CORPORATIONS 00 DEC 21 PM 3: 16 DOCUMENT # F20723 1. Corporation Name Elbert Hale Wampler, Jr., Inc. 3. Mailing Office Address 2. Principal Office Address REINSTATEMENT 9 11045 NW 29th Street 11045 NW 29th Street Suite, Apt. #, etc. Suite, Apt. #, etc. Date Incorporated or Qualified To Do Business in Florida 02/23/1981 City & State City & State Applied For 5. FEI Number Coral Springs, FL Coral Springs, FL 59-2115681 Not Applicable Country \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 33065 USA 33065 USA 7. Name and Address of Current Registered Agent Name Elbert Hale Wampler, Jr. Street Address (P.O. Box Number is Not Acceptable) 000352169E -01/03/01--01035-006 11045 NW 29th Street Suite, Apt. #, Etc. ***1200.00 ***1200-00 Zip Code FL 33065 Coral Springs 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 FEGISTERED AGENT MUST SIGN Registered Agen 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors City / State / Zip Titles 33065 Coral Springs, FL 11045 NW 29th Street Elbert Hale Wampler, Jr. PD 33881 Winter Haven, FL 805 Lake Howard Drive, NW D. Carter W. Wampler

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #