FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 REINSTATEMENT

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

FILED
97 FEB -6 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 96-97

DOCUMENT # **F95000004918 (7)**

1. Corporation Name
WCI HOLDINGS, INC.

Principal Place of Business:
801 LAUREL OAK DRIVE
SUITE 500
NAPLES FL 33963

Mailing Address:
801 LAUREL OAK DRIVE
SUITE 500
NAPLES FL 33963

3. Date Incorporated or Qualified: 10/02/1995
3a. Date of Last Report:

4. FEI Number: 65-0607440 — [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

2. Principal Place of Business — 21 / 22 Suite, Apt. # etc. / 23 City & State / 24 Zip 34108 / 25 County

2a. Mailing Address — 26 / 27 Suite, Apt. # etc. / 28 City & State / 29 Zip 34108 / 30 Country

9. Name and Address of Current Registered Agent

HASTINGS, VIVIEN N
801 LAUREL OAK DRIVE, STE 500
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code 34108

11. Pursuant to the provisions of sections 607.0502 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of s. 607.0505, Florida Statutes.

SIGNATURE [signature] — DATE 2/5/97

12. OFFICERS AND DIRECTORS

Title	Name / Address	
P	HOFFMAN JR, ALFRED 801 LAUREL OAK DRIVE, STE 500 NAPLES FL	[ ] DELETE
V	CARLSON, ALICE 801 LAUREL OAK DRIVE, STE 500 NAPLES FL	[ ] DELETE
S	HASTINGS, VIVIAN 801 LAUREL OAK DRIVE, STE 500 NAPLES FL	[ ] DELETE
CD	ACKERMAN, DON E 801 LAUREL OAK DRIVE, STE 500 NAPLES FL	[ ] DELETE
		[ ] DELETE
		[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	Name / Address	Change	Addition
		[ ]	[ ]
V/T		[X]	[ ]
		[ ]	[ ]
		[ ]	[ ]
D/V	Whitney, Scott 801 Laurel Oak Drive, Suite 500 Naples, FL	[ ]	[X]
		[ ]	[ ]

500002081095--3
-02/07/97--01018--005
****915.00 ****915.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vivien Hastings, Secretary [signature] — 2/5/97 — (941) 597-6061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
97 FEB -7 PM 4:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S77575

1. Corporation Name

WELLINGTON FUNDING & BUSSINESS CONSULTANTS INC.

Mailing Address	Principal Place of Business
OLD	4400 N FEDERAL HIGHWAY, SUITE 210 BOCA RATON FLA 33431

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT AR 96-97

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
401 NE MIZNER BLVD	
Suite, Apt. #, etc.: # 807	Suite, Apt. #, etc.
City & State: BOCA RATON FLA	City & State
Zip: 33432 Country: U.S.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 9/4/91

5. FEI Number: 223145125 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	GARY BUNIN	401 N.E MIZNER BLVD # 807	BOCA RATON FLA 33432
EXEC V.P.	WILLIAM PICKETT	2525 SOUTH VOSS SUITE 2000	HOUSTON, TEXAS 77057
V.P.	ELYNA SCOTT	274 WEST 19TH ST. # 1E	NEW YORK, N.Y. 10011
			300002082073--1

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
THE PRENTICE HALL-CORPORATION SYSTEMS, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE, FLORIDA 32301	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (6/94)

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: THE PRENTICE-HALL CORPORATION SYSTEM, INC. AS AGENT, DEBORAH D. SKIPPER — Date: 2-7-97

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: CARY BUNIN Cary Bunin — 2/6/97 — FLA 407-391-1769 NY 212-586-5650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #