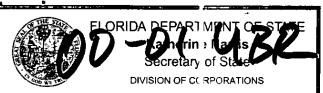
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

. /	
CORPORATION	
REINSTATEMENT	



## May 02, 2001 8:00 A Secretary of State

$\Box$	വ	IMENI	Г# но	9000004423
$\boldsymbol{L}$	$\sim$		l 77 - 127.	7000004423

Country

USA

- 1. Corporation Name Wyandotte Industrial Development Commission 4528 South Sheridan, Suite 105 Tulsa, Oklahoma 74145
- 2. Principal Office Address 3. Mailing Office Address 1600 Sarno Road 4528 S. Sheridan Rd. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 107 Suite 105 City & State City & State Melbourne, Florida Tulsa, Oklahoma

Zip

74145

4. Date Incorporated or Qualified To Do Business in Florida

11/01/98

5. FEI Number-

Applied for ~ Not Applicable

Country USA

CERTIFICATE OF STATUS DESIRED T

\$8.75 Additional Fee r for a Certificate of St

7. Name and Ac Iress of Current Registered Agent **500004193455** -05/11/01 -01001--Rodney Crocker Street Address (P.O. Box Number is Not Acceptable) 1600 Sarno Rd Suite 107 State Zip Code 32935 Melbourne

8. It 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

32935

REGISTERED AGENT MUST 5 GN

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

	2. Names and state of the state				
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
P	Leaford Bearskin	64150 E. Highway 60	Wyandotte, Oklahoma 74370		
VP	Jim Bland	64150 E. Highway 60	Wyandotte, Oklahoma 74370		
S	Ramona Reid	64150 E. Highway 60	Wyandotte, Oklahoma 74370		
D	Billy Friend	64150 E. Highway 60	Wyandotte, Oklahoma 74370		
D	Rodney Crocker	4528 S. Sheridan, Suite 105	Tulsa, Oklahoma 74145		
D	Lucia Hayworth	1600 Sarno Road, Suite 107	Melbourne, FLorida 32935		

on this application is true and accurate, and my signature shall have the same gal effect as if made under oath.

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 filling 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 his form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rodney Crocker

4/18/01

918-627-9429

Daytime Phone #