

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 JUN -7 PM 4:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # G54496
1. Corporation Name
WACT Buchholz Inc.

2. Principal Office Address <u>55 Rumson Road</u>		3. Mailing Office Address <u>55 Rumson Road</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Amherst, N.Y.</u>		City & State <u>Amherst, N.Y.</u>	
Zip <u>14228</u>	Country <u>U.S.A</u>	Zip <u>14228</u>	Country <u>U.S.A</u>

REINSTATEMENT *800*

4. Date Incorporated or Qualified To Do Business in Florida _____

5. FEI Number 59-2330470 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
CHRISTOPHER M. NINOS C.P.A. 500003298825-0

Street Address (P.O. Box Number is Not Acceptable)
5100 WEST COPANS ROAD 06/21/00 01046 016
***2317.50 ***2317.50

Suite, Apt. #, Etc.
SUITE #710

City
MARGATE State FL Zip Code 33063-7700

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 Christopher Ninos C.P.A. Date 06-06-00
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
DP	<u>WALTER J. BUCHHOLZ JR</u>	<u>55 RUMSON ROAD Amherst, N.Y. 14228</u>	<u>Amherst, NY 14228</u>
DV	<u>Michael V. Buchholz</u>	<u>122 DECAWARE ST.</u>	<u>TOWAWANDA, N.Y. 14150</u>
DV	<u>Walter J. Buchholz III</u>	<u>35 STATE ST</u>	<u>TOWAWANDA, N.Y. 14150</u>

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] Date 6/2/2000 Daytime Phone # 716-691-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)