

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**

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  
Suite, Apt. #, Etc.  
SUITE #710 \*\*\*2317.50 \*\*\*2317.50  
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, N.Y. 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] 6/2/2000 716-691-4300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)