PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

H24126

FILED

2014 FEB 26 AM 9: 41

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Woolbright Corporation

9 1										
2240 NW 19th Street 2240				9th Str	eet		GD25001 /11	(10)		
Suite, Apt #, etc. Suite, Apt #			·			CR2E081 (11/10) 4. Date incorporated or Qualified				
Suite 801 Suite						To Do Business in Florida 10-05-1984				
	Raton, FL	Boca	Boca Raton, FL			5. FEI Number Applied Fo			Applied For Not Applicable	
3343 ²	1	33431		USA		6. CERTIFICAT	E OF STATUS DESIRED		ional Fee required ificate of Status	
7. Name and Address of Current Registered Agent										
David J. Wiener Street Address (P.O. Box Number is Not Acceptable) 2240 NW 19th Street Suite, Apt. #, Etc.						700257179617				
Suite 801							700257179617 02/26/1401005020 **3750.00			
Boca Raton A / / / State Zip Code FL 33431										
8. I, being appointed the registered/agent of the above named corporation, am familiar with and accept the consideration of Registered Agent REGISTERED AGENT MUST SIGN					obligations of section 607.0505 or 617.0503, F.S. Date 2/20/14					
9. Names	s and Street Addresses of Each Officer	and/or Director (Flo	orida nonpro	ofit corporations	must list at li	east 3 directors)				
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
PD	Duane J. Sti	ller	2240 N	NW 19th	Street,	Suite 801	Boca Rato	n, FL	33431	
VSTD	Soraya Tyriv	/er	2240 N	NW 19th	Street,	Suite 801	Boca Rato	n, FL	33431	
V	Jorge More	ell	2240 N	NW 19th	Street,	Suite 801	Boca Rato	n, FL	33431	
			TEN	•		·				
	REINSTATEMENT					0 1. f	S. HAWKES			
				790	1-0	7014	FEE	3 2 1 A,	М.	
10. E-mail Address: jsarkisian@woolbright.net										

11. 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 , I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a decument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/14 Date

Daytime Phone #

Woolbright Corporation 2240 NW 19th Street, Suite 801 Boca Raton, FL 33431 561-989-2911

February 20, 2014

Florida Department of State **Division of Corporations** Clifton Building 2661 Execute Center Circle Tallahassee, FL 32301 Attn: Suzanne Hawks

VIA FEDEX

Re: Woolbright Corporation Reinstatement

Dear Ms. Hawks:

I spoke with you on February 13, 2014 regarding the reinstatement of Woolbright Corporation. The Department of State had received our request electronically and had requested a letter from us which we forwarded on February 10, 2014 via FedEx.

You advised that payment of \$3,750 was required in the form of a check. I have enclosed that check made payable to the Florida Dept of State Division of Corporations to cover the fees of the reinstatement. Also enclosed is the executed Corporation Reinstatement.

Should you have any questions concerning the foregoing, please contact me at 561-989-2911.

panne M Darkos

Joanne M. Sarkisian

/jms

Encl.