PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

H51379

1. Corporation Name

MICHAEL E. WRENN, INC.

Mailing Address

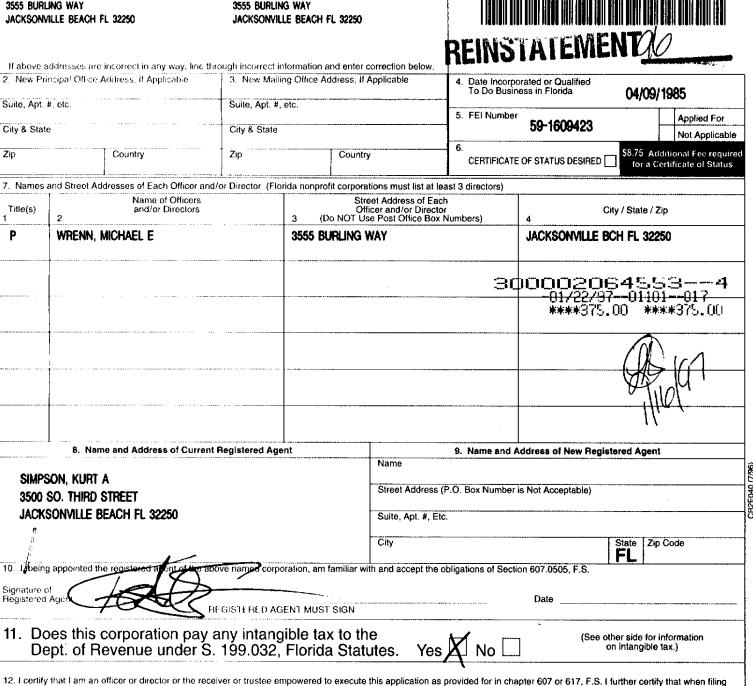
3555 BURLING WAY

Principal Place of Business

FILED

97 JAN 16 PM 12: 41

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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.

ILLARY E. WRENN HATURE AND TYPED OF PHINTED NAME OF SIGNING OFFICE

7-19-96