


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>J 43281</u>			
1. Corporation Name <u>WELCHWOOD ENTERPRISES, INC</u>			
2. Principal Office Address <u>2407 S. BIGNONIA ST.</u>		3. Mailing Office Address <u>SAME</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>MELBOURNE FL</u>		City & State	
Zip <u>32901</u>	Country <u>USA</u>	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida <u>11-20-86</u>			
5. FEI Number <u>59-2773267</u>		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name <u>GREGORY T. WOOD</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>2407 S. BIGNONIA STREET</u>			
Suite, Apt. #, Etc.			
City <u>MELBOURNE, FL</u>		State <u>FL</u>	Zip Code <u>32901</u>
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 <u>[Signature]</u>		Date <u>1-10-04</u>	
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
PD	GREGORY T. WOOD	2407 S. BIGNONIA ST.	MELBOURNE, FL 32901
VD	DAVID L. SMITH	1325 OAK HARBOR LANE	MALABAR, FL 32950
STD	RONALD W. WELCH	314 HURST RD NE	PAUM BAY, FL 32907
700044696597 01/13/05--01057--009 **1650.00			
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: <u>[Signature]</u> <u>STD RONALD W. WELCH</u> 1-10-04 (321) 722-9240			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED
05 JAN 13 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 9/1/04
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