PLEASE READ	ALL INST	TRUCTJONS	BEFORE C	OMPLET	ING THIS FORM		
APPLICATION FOR 11-97	FLORID	A DEPARTME Sandra B. Mo Secretary of Secretary of Secretary	ทั่ว OF STATE rtham State		APTACOVE ARTO FILED	T)	
DOCUMENT # 'J4792 1. Corporation Name Wilson Lawn Ca			97 HOV -7 AM II: 15 SECRETARY OF STATE PALLAHASSEE, FLORIDA				
Principal Place of Business 14970 NORmandy Blyd Jackson ville, FC 3223	Mailing Add	ress					
If above addresses are incorrect in any way, line the Research Process of Applicable Suite, Apt. #, etc. City & State Country		ing Office Address, II	Applicable	4. Date Incorp To Do Busin 5. FE I Number 59- 6. CERTIFICATE	2755029	' '	
7. Names and Street Addresses of Each Officer and Name of Officers and/or Directors 1.7,0 Douglas B. Wilson	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 14970 NOR Manay BIVA Way Fic-322			Jackson ulle,		\	
P,S Meloney J.W. bon		14970 NOR	mandy Blod	Jacksonville Fe 32234 STATEMENT 96-97 G. alan			
8. Name and Address of Current Melones J. Wilson	Registered Age	nt	Name	9. Name and A	Iddress of New Registered	11/9/	97
Meloney J. Wilson 14970 Normandy Bld Soucksonville FC 32234		Street Address (P. Suite, Apt. #, Etc.	O. Box Num te) (Box Number (11/12/97-01080-015 -11/12/97-01080-015 			
ignature of egistered Agent of the alion legistered Agent Mulous History RE	ve named corpo	ration, am familiar wi	th and accept the ob	ligations of Section	Date 11-3-97		
Does this corporation pay a Dept. of Revenue under S. I certify that I am an officer or director or the recent this reinstatement application, the reason for dissolved by the corporation have been paid and the ron this application is true and accurate, and my significant.	199.032, rer or trustee em lution has been ames of individu	Plorida State appowered to execute eliminated, the corporate listed on this form	this application as private name satisfies the not qualify for a	he requirements on exemption under	on inter on the one of	101. F.S., that all	n filing

SIGNATURE: Milosey Willow Meloney J. Wilson V. Pres. 11/3/97 (904) 289-7544
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Date Date Daylinic Prioric A