

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 24 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

197675

1. Corporation Name

Am Well, Inc

2. Principal Office Address

900 Southern Blvd.
Suite, Apt. #, etc.

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

West Palm Beach

City & State

Zip

Country
Palm Beach

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1981

5. FEI Number

65-0024436

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

100008724071
10/31/02--01033--017 **1115.00

7. Name and Address of Current Registered Agent

Name

John B. Barben

Street Address (P.O. Box Number is Not Acceptable)

1879 Seephe Chase Dr

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State
FL

Zip Code

33418

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

John B. Barben

REGISTERED AGENT MUST SIGN

Date

10/24/02

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
Pres.	John B. Barben	1879 Seephe Chase Dr	Palm Bch Gdns, FL 33418

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:

John B. Barben

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/02

Daytime Phone #

CR2E081 (8/01)

gr 10/25/02

10/24/02

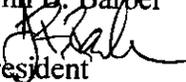
Department of State
Att. Justin Shivers
Division of Corporations
409 E. Gaines St.
Tallahassee, Fl. 32399

Dear Justin,

Oil Well, inc, is requesting a waiver of reinstatement fees from your division. We have moved approximately four times during the period 1996 through 2002 and never received any updated renewal information via the mail service or otherwise. We will be happy to pay the back report fee and have included this with our reinstatement document. Please understand the oversight was not intentional and given the notices we will stay current. Thanks for your attention to this matter.

Sincerely,

John B. Barber



President

Oil Well, inc.