

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

1997 SEP 26 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1166521

1. Corporation Name
Waterman-Pankhurst, Inc., a Florida Corporation

Principal Place of Business Mailing Address

~~C/O John F. Hooley, Esq.
2150 Goodlette Road
6th Floor
Naples, Florida 33940~~ ~~C/O John F. Hooley, Esq.
2150 Goodlette Road
6th Floor
Naples, Florida 33940~~

2. New Principal Office Address, If Applicable
C/O Michael Licht
791 10th Street South
Naples, Florida

3. New Mailing Office Address, If Applicable
C/O Michael Licht
791 10th Street South
Naples, Florida

4. Date Incorporated or Qualified To Do Business in Florida 2.17.89

5. FEI Number 98-0101562 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
P	Paul Pankhurst	83 E. Bolton Street	Bobcaygeon, Ontario Canada K0M 1A0

REINSTATEMENT 05-20-97

8. Name and Address of Current Registered Agent

John F. Hooley, Esq.
2150 Goodlette Road, 6th Floor
Naples, Fl. 33940

9. Name and Address of New Registered Agent

Name: Michael Licht
Street Address (P.O. Box Number is Not Acceptable): 791 10th Street South
Suite, Apt. #, Etc.:
City: Naples, State: FL Zip Code: 34102

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [Signature] Date: 9/25/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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: [Signature] PAUL PANKHURST Date: SEPT 23/97 Daytime Phone #: 705-738-7777

CR2040 (12/96)