

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 21 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L11892

1. Corporation Name

Wedge wood Associates, Inc.

2. Principal Office Address

370 ANSIN BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

370 ANSIN BLVD.

Suite, Apt. #, etc.

City & State

HALLANDALE, FL

City & State

HALLANDALE, FL

Zip

33009

Country

USA

Zip

33009

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/28/1989

5. FEI Number

650140929

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARK KROHN

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

370 ANSIN BLVD.

Suite, Apt. #, Etc.

City

HALLANDALE, FL

State  
FL

Zip Code

33009

**REINSTATEMENT 9/02**

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

Mark Krohn

REGISTERED AGENT MUST SIGN

Date 10-17-2002

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
DPS	DANIEL KROHN	<u>370 ANSIN BLVD. HALLANDALE, FL 33009</u>	HALLANDALE, FL 33009

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:

Daniel Krohn PRESIDENT DANIEL KROHN

Date

10/17/02

Daytime Phone #

CR2E081 (9/01)