

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 21 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11892

1. Corporation Name

Wedgewood Associates, Inc.

REINSTATEMENT 07

000023959110
10/21/03--01010--026 **758.75

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

65 0140929

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

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 S. Krohn

REGISTERED AGENT MUST SIGN

Date 10/07/2003

CR2E081 (10/02)

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
DPS	DANIEL KROHN	370 ANSIN BLVD.	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:

Mark S. Krohn PRES.

SIGNATURE AND TYPED, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/07/2003 454 456-6066

Date

Daytime Phone #

21/10/22