

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

1996 DEC 31 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L17778

1. Corporation Name
G. M. WILSON, INC.

Principal Place of Business Mailing Address
3676 STIRLING DRIVE 3676 STIRLING DRIVE
TALLAHASSEE FL 32308 TALLAHASSEE FL 32308



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable 3. New Mailing Office Address, if Applicable 4. Date Incorporated or Qualified To Do Business in Florida 09/22/1989 5. FEI Number NOT APPLICABLE Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for WILSON, GENE M. and FRANKS, JAY. Includes handwritten 'REINSTATEMENT' and 'also filed 12/5/96'.

8. Name and Address of Current Registered Agent: WILSON, GENANNE, 3676 STIRLING DR., TALLAHASSEE FL 32308. 9. Name and Address of New Registered Agent.

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: Gene Wilson, Date: 9/25/96.

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [] No [X] (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: Gene Michael Wilson, Date: 9/25/96, Daytime Phone: 904/386-8712.

CR250-9 (7/96)