nal Fee required cate of Status

<u></u>	PLEASE READ	ALL INST	RUCTIONS BEI	FORE C	OMPLETI	NG TI	HIS FORM.		
	DRATION (DEPARTMENT OF STATE Katherine Harris		FILED 03 MAY 13 PM 12: 41				
REINSTA	ATEMENT	Secretary of State DIVISION OF CORPORATIONS		.					
DOCUMENT # L18271 1. Corporation Name					JECRETARY OF STATE TALLAHASSEE, FLORIDA				
WELL	INGTON COMMU	NICATI	ONS, INC.						
2. Principal Office Address 5016 POLK ST		3. Mailing Office Address 5016 POLK ST			M	1-	021	10	R
Suite, Apt. #, etc.		Suite, Apt. #, etc.		, 4. Date Incorpo			1.15 1989		
City & State HOLLYWOOD FL		City & State HOLLYWOOD FL			5. FEI Number 650160		7	Аррі	lied For
Zip 33021	Country USA	^{Zip} 33021	Country		6. CERTIFICATE			dditional F Certificate	ee require
		7. 1	lame and Address of Curr	ent Register	ed Agent				
JOHN M. LOEFFLER							4 /	1	_
Street Address (P.O. Box Number is Not Acceptable) 5016 POLK ST									Y
Suite, Apt. #, Etc.									
С	HOLLYWOOD					State FL	Zip Code 33021	0	
8. I, being appo	pinted the registered agent of the abo	ve named corpo	pration, am familiar with and	accept the ob	oligations of section	n 607.050	05 or 617.0503, F.S.		
Signature of Registered Agen		JOHN M. LOEFFLER REGISTERED AGENT MUST SIGN				Date			
9. Names and	Street Addresses of Each Officer and			nust list at lea	ast 3 directors)				
Titles	Name of Street Address of Ea				· · · · · · · · · · · · · · · · · · ·	City / State / Zip			

Officers and/or Directors Officer and/or Director PD LOEFFLER, JOHN M. 5016 POLK ST HOLLYWOOD FL 33021 STD LOEFFLER, ALYSSA C 5016 POLK ST HOLLYWOOD FL 33021 300020777223 06/11/03--01042--016 **600.0 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 ccurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

JOHN M. LOEFFLER, PD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Zall

Wellington Communications, Inc. 5016 Polk Street Hollywood, FL 33021 (954)963-3831

Dear FL. Dept. of State:

I just discovered to my surprise this week through the Dept. of Agriculture that I have not been a FL corporation for three years. My office nor my accountant never received any notice of cancellation nor a uniform business report form during this time since our move to our new location three years ago. All other correspondence from the state were forwarded to our new address and we have paid the Dept. of Agriculture (fund raising registration fees) and appropriate quarterly state unemployment fees during this time period. Once notified of this situation, I immediately contacted your office, as well as the Dept. of Agriculture, to correct this problem.

After speaking with your office, sunbiz.com and my accountant/ attorney, I am enclosing a reinstatement form and a check for \$600 to cover \$150 annual fee for the periods I missed and for this year's fee, as well as this letter which was recommended by your office. My accountant/attorney and sunbiz.com said although this amount is more than just simply starting a new corporation, it is better to pay the \$600 and keep the corporate history and tax ID #.

Please reinstate Wellington Communications, Inc. on your records and please send all correspondence to the address listed above.

Thank you.

John Michael Loeffler