## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION · FORGLO Sandra B. Mortham Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 1997 MAY -8 PM 12: 49. DOCUMENT # L55288 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name WEST SEMINOLE INVESTMENT CORP. Principal Place of Business Mailing Address 2101 West State Rd. 434 Suite 103 Longwood, Fl. 32779 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 30 Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 59-2994800 Not Applicable Zip Country Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip P 2101 West S.R. 434, Ste 103 Dowd, E. Michael Longwood, F1. 32779 VP Dowd, H. Robert 2101 West S.R. 434, Ste 103 Longwood, Fl. 32779 S Wilson, Joan E. 2101 West S.R. 434, Ste 103 Longwood, F1. 32779 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Michael Dowd Street Address (P.O. Box Number is Not Acceptable) 2101 West S.R. 434, Ste 103 Suite, Apt. #, Etc. City Longwood, 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. Date REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. No<sup>XX</sup> Yesl 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 filling 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.

## WEST SEMINOLE INVESTMENT CORP. WEKIVA RIVER CANOES, INC. 2101 WEST S.R. 434 SUITE 103 LONGWOOD, FL 32779

May 05, 1997

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

RE: Reinstatement: West Seminole Investment Corp. Document #L55288
Wekiva River Canoes, Inc. Document #L73747

To whom it may concern,

Our annual reports for 1996 were not submitted due to circumstances that were out of our control. Our comptroller, a former SunBank employee, misdirected some \$90,000.00 from us and left a long trail of misinformation. Our reports were among those not in our control. We called your phone number (904)487-6059 and were informed that we were indeed administratively dissolved.

We are in the process of digging out of a hole and we request, in the sincerest way, that you waive our penalties due to our situation. We are enclosing \$365.00 for 1996 and 1997 for both companies and amending our officers so there should not be a problem in the future.

Thank you for your time and attention.

Sincerely,

E. Michael Dowd/President West Seminole Investment Corp. Wekiva River Canoes, Inc.