FILED
02 NOV -1 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 02 UBL

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

200008769022--
11/01/02--01114--013 **308.75

DOCUMENT # M30027

1. Corporation Name
F. P. WADE, INC.

2. Principal Office Address	3. Mailing Office Address
5001 SW 74 COURT	SAME
Suite, Apt. #, etc.: 202	Suite, Apt. #, etc.:
City & State: MIAMI FL	City & State:
Zip: 33155 Country: DADE	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: APRIL 7, 1986

5. FEI Number: 59-2670074 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required

7. Name and Address of Current Registered Agent

Name: FREDERIC P. WADE c/o DE LA OSA & ASSOC.
Street Address (P.O. Box Number is Not Acceptable): 5001 SW 74 COURT
Suite, Apt. #, Etc.: 202
City: MIAMI State: FL Zip Code: 33155

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: Frederic P. Wade Date: OCT 22, 2002
REGISTERED AGENT MUST SIGN

CR2E091 (3/91)

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
PRES	FREDERIC P. WADE	5001 SW 74 CT ST 202	MIA FL 33155

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: Frederic P. Wade OCT 22, 2002 850-380-5767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 11/1/02

59 Arapaho Drive
Pensacola, FL 32507

850-492-8106

F. P. Wade, Inc.

Memo

To: FL. DPT OF REVENUE
From: RICK WADE (PRES)
CC:
Date: 10/22/02
Re: REINSTATE CORPORATE STATUS OF F.P. WADE, INC.

REINSTATEMENT SECTION
FLORIDA DEPT OF REVENUE

I APPRECIATE YOU REVIEWING MY CORPORATION STATUS, I HAD SOLD MY ASSETS TWO YEARS AGO AND HAVE CONTINUED TO FILE & PAY INCOME TAXES ON THE STATE & FEDERAL LEVEL. FOR THE LAST TWO YEARS TO DATE. I HAD SOLD A MANAGEMENT COMPANY TO MY EMPLOYEES WHO KEPT THE P.O. BOX THAT WAS LISTED AS MY CORPORATE ADDRESS. THEY MUST HAVE OVERLOOKED FORWARDING TO ME THE ANNUAL FILING. I HAVE LISTED MY ACCOUNTANT AS THE ADDRESS TO MAIL NOTICES TO SO THIS PROBLEM WILL NOT OCCUR AGAIN. I WILL BE MOVING BACK TO SOUTH FLORIDA AND ANTICIPATE GOING INTO BUSINESS AS F.P. WADE, INC. PLEASE AFFORD ME THE ABILITY TO DO THIS BY APPROVING THE REINSTATEMENT OF F.P. WADE, INC.

THANK YOU FOR YOUR CONSIDERATION

Frederic P. Wade
PRESIDENT