PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING TARPROVED POINT IN THE PROPERTY OF STATE AND FILED APPLICATION Sandra B. Mortham **FOR** Secretary of State 1997 APR 25 PH 1: 29 REINSTATEMENT **DIVISION OF CORPORATIONS** SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # M63338 1. Corporation Name WILSON BODE CENTER, INC. Principal Place of Business Mailing Address 501-RANCH ROAD 501 RANCH ROAD FT. LAUDERDALE FL 33326 FT. LAUDERDALE FL 33326 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 5881 Hollywood BIVI 2. New Principal Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida 12/07/1987 5881 Hollywoo BIVD Suite, Apt. #, etc. 5. FEI Number Applied For 65-0015412 City & State City & State Not Applicable FL Horywood \$8.75 Additional Fee required Country Zip Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 3302 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) FT. LAUDERDALE FL KELLER, ROBERT H. 501 RANCH ROAD ED FT. LAUDERDALE FL AD PATRICK, CATHERINE W. 501 RANCH ROAD 5691 SW 36TH CT. **DAVIE FL 33314** ST PATRICK, LESLIE C Ļ **TUCSON AZ** 20 CALLE CORTA D ASH, NORMA 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent KELLER, ROBERT H Street Address (P.O. Box Number is Not Accepted 1) 501 RANCH RD. FT. LAUDERDALE FL 33326 Suite, Ant. #, Etc. State Zip Code 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. H Kelly MREGISTERED AGENT MUST SIGN Signature of Date 4-15-97 Registered Agent Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. (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 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

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

4-15-97

963 + 011

April 15, 1997

Florida Department of State Division of Corporations POB 6327 Tallahassee,FL 32314

Dear Staff: attention Stacy:

Seven months ago I sent to your offices copies, front and back, of a Wilson Bode Center, Inc. check for the 1996 annual corporate fees. Also, our annual corporate report was sent to you on time and as specified. I did this as per your instructions given to me when I called your office to inquire why you sent a notice of administrative dissolution or revocation for non filling of the annual report and/or nonpayment.

I have not received by forms for 1997 annual corporate fees nor did I hear back from you that the original notice was in error. In speaking with your office staff person, Stacey, I was told to resubmit the enclosed form together with a check for \$365 and this letter to facilitate reinstatement. I will contact the Department of Revenue to see if the \$250 dollars can be recovered and retrieved.

Thank you for your assistance. Please feel to call me if necessary [954] 963-0111 if I have failed to complete any essential information.

Sincerely yours,

Catherine W. Patrick