

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 28 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M86596**

1. Corporation Name

**O. FRANKLIN WOLFE REALTY
CORP.**

2. Principal Office Address

4125 S.W. MARTIN HIGHWAY

Suite, Apt. #, etc.

SUITE 5

City & State

PALM CITY

Zip

34990

Country

MARTIN

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 95-00

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 22, 1988

5. FEI Number

65-0069375

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PATRICIA M. DONOHUE

600003573466-8

Street Address (P.O. Box Number is Not Acceptable)

1659 N.E. 23rd TERRACE

01/24/01 01085 028

***1500.00 ***1500.00

Suite, Apt. #, Etc.

City

JENSEN BEACH, FLORIDA

State

FL

Zip Code

34957

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

Patricia M. Donohue

REGISTERED AGENT MUST SIGN

Date **DEC 26, 2000**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit 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	PATRICIA M. DONOHUE	1659 N.E. 23rd TERRACE	JENSEN BEACH FL 34957
SECT	PATRICIA M. DONOHUE	1659 N.E. 23rd TERRACE	JENSEN BEACH FL 34957

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

Patricia M. Donohue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 26 2000

Date

(561)

285-5481

Daytime Phone #