

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

03 JAN 22 AM 9 06

SECRETARY OF STATE
 TALLAHASSEE, FLA.

DOCUMENT # **M86596**

1. Corporation Name

O. FRANKLIN WOLFE REALTY CORP.

Principal Place of Business

Mailing Address

4125 S.W. MARTIN HIGHWAY
 SUITE 5
 PALM CITY FL 34990

4125 S.W. MARTIN HIGHWAY
 SUITE 5
 PALM CITY FL 34990



700011123287
 01/28/03--01028--021 **900.00

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 Do Business in Florida

06/22/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0069375

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
ST	MORGAN, ALLAN POTTS	5441 S.E. MEADOW SPRINGS BLVD.	STUART FL 34997

REINSTATEMENT 01-03 1178

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOLFE, O F
 4125 SW MARTIN HWY
 STE 5
 PALM CITY FL 34990

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** 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. or 617.0505, F.S.

Signature of Registered Agent

[Signature]
 SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

1/15/03

11. 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-03 772-206-5245

Date

Daytime Phone #