

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAY 28 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000001575

1. Corporation Name

THE WELLSRING INSTITUTE FOUNDATION, INC.

930 Woodcock Road

930 Woodcock Road

2. Principal Office Address

930 Woodcock Road

Suite, Apt. #, etc.

200

City & State

Orlando

Zip

32803

Country

Orange

3. Mailing Office Address

930 Woodcock Road

Suite, Apt. #, etc.

200

City & State

Orlando

Zip

32803

Country

Orange

REINSTATEMENT

02004

4. Date Incorporated or Qualified

To Do Business in Florida 03/05/2001

5. FEI Number

☒ 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

H. Stevens Persol

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

930 Woodcock Road

Suite, Apt. #, Etc.

200

City

Orlando

300037671803

06/04/04--01060--006 **358 75

State

FL

Zip Code

32803

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/19/2004

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
D	Hamilton Stevens Persol	930 Woodcock Road	Orlando, FL 32803

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:

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

Date

5/19/2004

Daytime Phone #

CR2E081 (01/04)