

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC-31 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Wings Foundation, Inc.

2. Principal Office Address

3 Red Oak Rd.

Suite, Apt. #, etc.

City & State

Wilmington, DE

Zip

19806

Country

USA

3. Mailing Office Address

3 Red Oak Rd.

Suite, Apt. #, etc.

City & State

Wilmington, DE

Zip

19806

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/94

5. FEI Number

65-0542404

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

Paula J. Malone

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

139 15th Ave. S.

Suite, Apt. #, Etc.

City

Naples 34102

State

FL

Zip Code

341

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

Paula Malone

Date

12/20/01

REGISTERED AGENT MUST SIGN

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
P/O	Paula J. Malone	139 15th Ave. S. 3 Red Oak Rd.	Naples, FL 34102 Wilmington, DE 19806
A/D	Christine A. Malone	234 Kings Croft	Cherry Hill, NJ 08034
VP/D	Stephen L. Malone	42 Clarke, Rd.	Barrington R.I. 02806
D	Emily E. Strode	3 Red Oak Rd.	Wilmington, DE 19806
S/D	George L. Schrenk	4951 Gulf Shore Blvd W	Naples, FL 34103

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

Paula J. Malone

Date

12/20/01

Daytime Phone #

(302) 652-
3589