PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

DIVISION OF CORPORATIONS

P00000018786 DOCUMENT

1. Corporation Name

LONE WOLF CHARTER, INC.

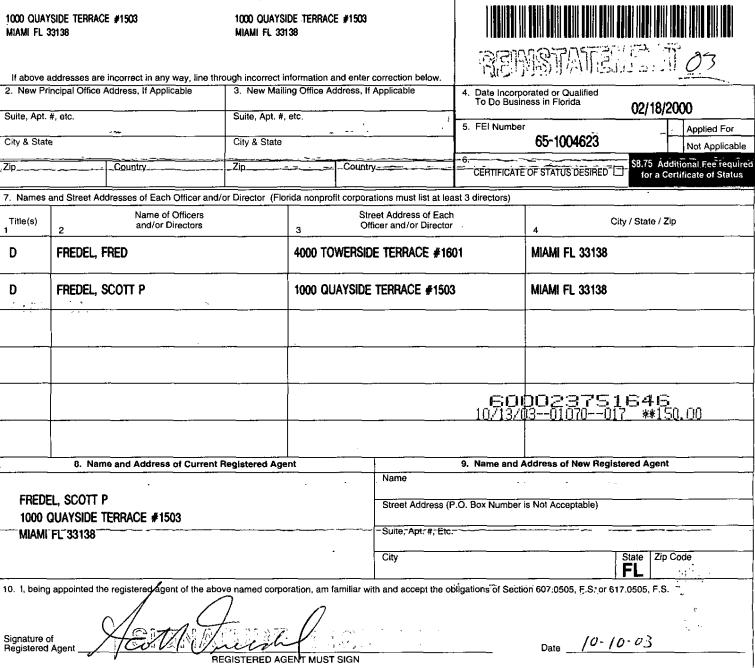
Principal Place of Business

Mailing Address

FILED

03 OCT 24 AM 10: 44

SECRETARY OF STATE TALLAHASSEE FLORIDA



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.

SCOTTFREDEL 10.10.03

October 21st 2003

Florida Department of State

Subject: LONE WOLF CHARTER, INC.

Ref. Number: P00000018786

This letter is as per the request of your office. I never received in the mail the Uniform Business Report form for the above corporation.

Thank you.

Scott Fredel

305.778.7495