


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000068222					
1. Corporation Name American Wheelchairs, Inc.					
2. Principal Office Address 6550 102nd Ave N. Suite, Apt. #, etc. Suite 6 City & State Pinellas Park, FL Zip 33782			3. Mailing Office Address Same Suite, Apt. #, etc. City & State City & State Zip Country USA		

FILED

03 MAR 10 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600014415206
03/20/03--01067--008 **450.00

01-03 UBR JFM

4. Date Incorporated or Qualified To Do Business in Florida 08-01-00	
5. FEI Number 59-3662442	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Neal Hennigar		
Street Address (P.O. Box Number is Not Acceptable) 42 Bishop Creek Dr.		
Suite, Apt. #, Etc.		
City Safety Harbor	State FL	Zip Code 34695

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  Date 03-03-03
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/D/S/T	Neal Hennigar	42 Bishop Creek Dr	Safety Harbor, FL 34695

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:  Neal Hennigar President 03-03-03 (727) 5490604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

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AMERICAN WHEELCHAIRS, INC.

6550 102nd Av. N. #6
Pinellas Park, FL. 33782

727-549-0604

www.americanwheelchairs.com

March 3, 2003

Division of Corporations
P. B. Box 6327
Tallahassee, Florida 32314

~~Arrn: Michelle Milligan~~ ~~Re: Letter Number 103A0011-299~~
Document Specialist

Dear Michelle Milligan:

Thank you for sending us the reinstatement application.
blank. It has been filled out, signed, and is enclosed.

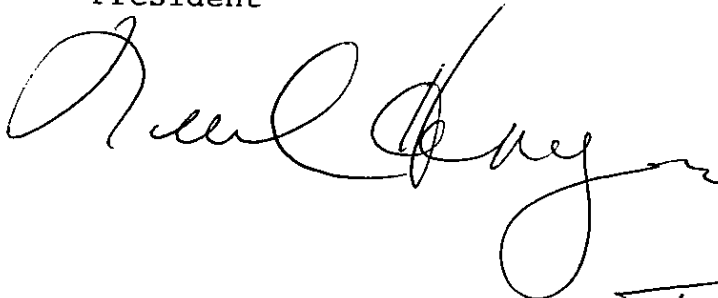
It would seem that the original document was evidently lost
due to an early change of address. We are enclosing our
check for \$450.00 for the years 2001, 2002, and 2003.
Under the circumstances, we are asking that you consider
waiving any penalties, and or interest that might be due. We
assure you, we were not aware of this obligation and will
comply immediately in the future.

Please let us know when the Corporation is activated, since
we have an other action pending.

Sincerely yours,

AMERICAN Wheelchairs, inc..

Neal Hennigar
President



THANKS