PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR 23 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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9/12/02 90066 037-550.00

DOCUMENT # P00000081839

1. Corporation Name
SARVIS / WILSON INVESTMINTS INC.

2. Principal Office Address	3. Mailing Office Address
601 E. Alfred Street	601 E. Alfred St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAVARES, FL.	City & State: TAVARES, FL.
Zip: 32778 Country: USA	Zip: 32778 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 8/29/2000

5. FEI Number: 59-3704962 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Glenn A. Sarvis 601 E. Alfred Street Tavares, Fl. 32778

Street Address (P.O. Box Number is Not Acceptable): 601 E. Alfred Street

Suite, Apt. #, Etc.

City: TAVARES State: FL Zip Code: 32778

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: Glenn A. Sarvis — REGISTERED AGENT MUST SIGN Date: 4/18/03

CR2E031 (1/96)

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	John T. Wilson	902 N. Sinclair	Tavares, Fl. 32778
VP	Glenn A. Sarvis	902 N. Sinclair	Tavares, Fl. 32778

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: _____ 4/18/03 (352)343-0956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Zab

To Whom This May Concern;

I am in a partnership with John T. Wilson. During the last 9 months I have been inactive. My partner was in the process trying to purchase my half. At the present time I am now active, and working very hard to catch-up back delinquent payments and notices. I have been in contact with John T. Wilson and he informs me that he never received any notice regarding reinstatement. It would greatly be appreciated if you could help me out in this matter and drop the reinstatement charge. If there is any other information needed please contact me at (352)343-0956.

Thank You for your Consideration

Glenn A. Sarris

* Per my conversation with Mr. Sarris on 4/23/03. It was said that the ligation letters were never received by the corporation in 2002. JL

J Mulligan