(((H02000236525 0)))

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 DEC 11 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000117855

1. Corporation Name
Wesley Investments, Inc.

2. Principal Office Address	3. Mailing Office Address
4300 W. Cypress Street	
Suite, Apt. #, etc. Suite 900	Suite, Apt. #, etc.
City & State Tampa, FL	City & State
Zip 33607 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 12/28/2000

5. FEI Number 04-3030197 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name Richard Ferrelli

Street Address (P.O. Box Number is Not Acceptable) 4300 W. Cypress Street

Suite, Apt. #, Etc. Suite 900

City Tampa State FL Zip Code 33607

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 12/09/02
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Richard Ferrelli	4300 W. Cypress St., Ste. 900	Tampa, FL 33607
V/S/T	Ricardo A. Salas	4300 W. Cypress St., Ste. 900	Tampa, FL 33607
V	John Kang	4300 W. Cypress St., Ste. 900	Tampa, FL 33607
V	Jack Chitayat	4300 W. Cypress St., Ste. 900	Tampa, FL 33607

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 complete, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ Richard Ferrelli 12/09/02 813/855-6880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(((H02000236525 0)))