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·/×	PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS	FORM.
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FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # PO 1000067447

GLER BEACH

1. Corporation Name

WOLFE GENERAL CONTRACTORS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 24 AM 8: 00

Zip Code

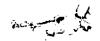
32136

				700025082507 11/26/0301070012 **300.00		
2. Principa	l Office Address	3. Mailing Office Addre	ess			
624	CUMBERLAND DR	SAME		HEINSTATEMENT 02-03		
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		TEMOTATEMENT UASOS		
·				4. Date Incorporated or Qualified To Do Business in Florida 07/03/200		
City & State		City & State				
FLAG	LER BEACH, FL	SAME	<u> </u>	5. FEI Number Applied For Not Applied For Not Applied For		
^{Zip} 3213		^{Zip} 3久136	Country	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status		
		7. Name and	Address of Current Regi	stered Agent MPD		
<u>.</u> .	JOAN D. WOLFE					
	Street Address (P.O. Box Number is Not Acceptable)					
	624 CUMBERLAND DRIVE					
	Suite, Apt. #, Etc.			1		

	Registered Agent Agent REGISTERS AGENT MUST SIGN						Date			
9. Names	and Street A	ddresses of Eacl	Officer and/or Director	r (Fìorida nonp	rofit corporations must l	ist at least 3 directors)			
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
PRES.	EARL	MACK	WOLFE	624	CUMBERLA	DR DR	FLAGLER	BEACH,	FL 32136	
V.PRES	J. 1	NICOLE	CHATILA	624	CUMBERL	AND DR	FLAGLER	BEACH	FL32136	
										
										
										
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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.

10. 1 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 filling 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.



Wolfe General Contractors, INC.

624 Cumberland Drive Flagler Beach, FL 32136 PH# (904) 439-5263 FAX# (904) 439-0533

Florida Department of State Division of Corporations ATT: Ms. Ruby Dunlap P. O. Box 6327 Tallahassee, FL 32314

Dear Ms. Dunlap

Thank you so very much for your help and kindness during our phone conversation. Your help in getting my problem solved is of great importance to me.

As I had mentioned in our conversation, I have had health problems over the past couple of years and did not receive or know to file any corporation papers for the 2002 report. My doctor has things under control now and I am recovering. The next due filing will be taken care of as it needs to be.

You will find a check in the amount that you told me to send, \$300.00. Again, I want to thank you for your help.

Thank You for your assistance,

Earl Mack Wolfe, President