

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 9:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P02000000961

1. Corporation Name

FINANCING WWEL, CORP.

Principal Place of Business

Mailing Address

9549 ISLA MORADA TERRACE
 BOCA RATON FL 33496

9549 ISLA MORADA TERRACE
 BOCA RATON FL 33496



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida	01/03/2002
5. FEI Number	Applied For
	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CLENDINING, M. KATHLEEN	9070 KIMBERLY BLVD., STE. 57	BOCA RATON FL 33434
D	LOMICKY, WILLIAM E	9549 ISLA MORADA TERRACES	BOCA RATON FL 33496
			200024331162 10/31/03--01043--007 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLENDINING, M. KATHLEEN 9070 KIMBERLY BLVD., STE. 57 BOCA RATON FL 33434	Name	WILLIAM E. LOMICKY	
	Street Address (P.O. Box Number is Not Acceptable)	9544 TRIVOLLO PLACE	
	Suite, Apt. #, Etc.		
	City	BOCA RATON	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: William E Lomicky Date: 10/29/03
 REGISTERED AGENT MUST SIGN

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.

SIGNATURE: William E Lomicky 10/29/03 Date: 10/29/03
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: (561) 558-8380

CR2E040 (7/03)

October 17, 2003

Florida Dept of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Financing WWEL, Corp
Document # P02000000961

To whom it may concern,

Enclosed please find the Application for Reinstatement for my corporation, Financing WWEL, Corp with the appropriate filing fee of \$150.

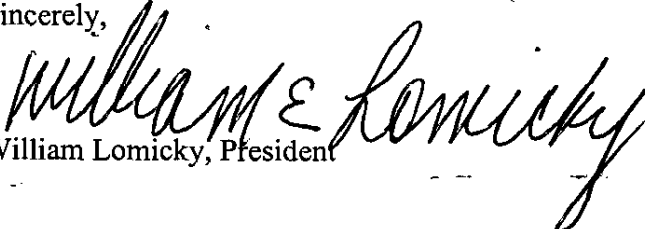
Please note, we did not receive any prior notices regarding this filing fee.

We respectfully request that the late fee be waived. Please be sure you have the correct mailing address for any future correspondence, which is:

Financing WWEL, Corp
9544 Trivolo Pl
Boca Raton, FL 33496

Thank you for your prompt attention and consideration in this matter.

Sincerely,


William Lomicky, President