




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PO2000113188</u>			
1. Corporation Name WM. PERRY ENTERPRISES, INC.			
2. Principal Office Address 903 Contento Circle		3. Mailing Office Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc. same	
City & State Sarasota FL		City & State	
Zip 34242	Country Sarasota	Zip	Country
		4. Date Incorporated or Qualified To Do Business in Florida 10-18-2002	
		5. FEI Number 32-0043368	Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Bradley W. Lang, Esq.			
Street Address (P.O. Box Number is Not Acceptable) 400 Madison Drive			
Suite, Apt. #, Etc. Suite 250			
City Sarasota		State FL	Zip Code 34236
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 10-11-03	
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
D	William Perry	903 Contento Circle	Sarasota, FL 34236
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: 		Date 10-10-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED
2003 OCT 17 PM 2:13
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

REINSTATEMENT 03

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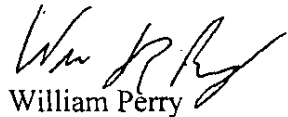
October 7, 2003

To Whom It May Concern:

I hereby certify that we did not receive the annual report for Wm. Perry Enterprises, Inc., probably because there was a new mailing address earlier this year, and therefore we are asking for the re-instatement at the regular fee.

Thank you for your attention to this matter.

Yours truly,



William Perry

President

Wm. Perry Enterprises, Inc.

903 Contento Circle

Sarasota, FL 34242