

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Moïtham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 NOV 23 PM 1:41

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P24877**

1. Corporation Name
WESGEN, INC.

Principal Place of Business	Mailing Address
THE QUADRANGLE 4400 ALAFAYA TRAIL ORLANDO FL 32826-2399	THE QUADRANGLE 4400 ALAFAYA TRAIL ORLANDO FL 32826-2399



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

4. Date Incorporated or Qualified To Do Business In Florida	06/21/1989
5. FEI Number	25-1563806
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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	SIMONINI, R.R.	4400 ALAFAYA TRAIL	ORLANDO FL 32826-2399 -12/01/98-01028-003 ***750.00
VD	COFFMAN, J.M.	4400 ALAFAYA TRAIL	ORLANDO FL
VD	RUMANCIK, J.A.	4400 ALAFAYA TRAIL	ORLANDO FL
V	Janssen, B.L.	4400 ALAFAYA TRAIL	ORLANDO FL
T	Zike, H.W.	4400 Alafaya Trail	Orlando FL
S	Brown, S.M.	4400 Alafaya Trail	Orlando, FL

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name: _____
 Street Address (Post Office Box Numbers Not Acceptable): _____
 Suite, Apt. #, Etc.: **98**
 City: **SC** State: **FL** Zip Code: **11-23-98**

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.

Signature of Registered Agent: *Vicky Goldstein* **VICKY GOLDSTEIN** Date: **11-20-98**
 REGISTERED AGENT MUST SPECIAL ASSISTANT SECRETARY

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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)(f), 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: *S. M. Brown* **SIGNATURE REQUIRED** Date: **11/9/98** Daytime Phone #: **407281-3331**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **S. M. BROWN, Secretary**

CR2E040 (9/98)