PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -7 PM 5:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400035829924
05/10/04--01105--008 **908.00

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~~05/10/04 01105 008 **908.75~~

DOCUMENT # P 39099

1. Corporation Name
Wilsey Bennett, Inc.

2. Principal Office Address	3. Mailing Office Address
2351 Powell Street	P.O. Box 3532
Suite, Apt. #, etc.: 500	Suite, Apt. #, etc.:
City & State: San Francisco, CA	City & State: San Francisco, CA
Zip: 94133 Country: USA	Zip: 94119 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 06/02/92

5. FEI Number: 95-2261288 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation
Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd.
Suite, Apt. #, Etc.: REINSTATEMENT 05-04
City: Plantation State: FL Zip Code: 33324

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: [signature] Date: 4/26/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
DC	Wilsey, Michael W.	2351 Powell St., Ste. #500	San Francisco, CA 94133
T/VP	Douglas W. Toovey	2351 Powell St., Ste. #500	San Francisco, CA 94133
S/VP	Dale K. Carrigan	2351 Powell St., Ste. #500	San Francisco, CA 94133
ASST TREAS	John J. Little	2351 Powell St., Ste. #500	San Francisco, CA 94133
D	William R. Anderson	2351 Powell St., Ste. #500	San Francisco, CA 94133
D	Noel J. Fenton	2351 Powell St., Ste. #500	San Francisco, CA 94133

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: [signature] DALE K. CARRIGAN SECRETARY 4/23/2004 (415) 391-4150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TOTAL P.03