

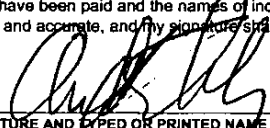


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000021217			
1. Corporation Name WILSON INC			
2. Principal Office Address - No P.O. Box # 336 CYPRESS POINT DR Suite, Apt. #, etc. -		3. Mailing Office Address 1214 BANKS ST Suite, Apt. #, etc. - UPPER	
City & State MELBOURNE, FLORIDA		City & State HOUSTON	
Zip 32940	Country USA	Zip 77006	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 3/14/1994			
5. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name ANDREW CURLEY Street Address (P.O. Box Number is Not Acceptable) 336 CYPRESS POINT DR Suite, Apt. #, Etc. - City MELBOURNE State FL Zip Code 32940			
<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
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 8/23/07 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
PRES	ANDREW CURLEY	1214 BANKS ST	HOUSTON, TX 77006
SEC	LOUISE CURLEY	336 CYPRESS POINT DR	MELBOURNE, FLA 32940
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 contained in Chapter 119, 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: 		8/23/07 713-621-2625 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED

07 AUG 24 AM 5:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-07

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