

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED

00 DEC 26 PM 12:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000048424

1. Corporation Name

THE WOLFSON GROUP REAL ESTATE
DIVISION, INC.

2. Principal Office Address

3733 UNIVERSITY BLVD. W.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#208

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

Zip

32217

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/29/94

5. FEI Number

59-3252368

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GREEN, MARK M.

Street Address (P.O. Box Number is Not Acceptable)

136 E. BAY ST.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32202

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

Mark M. Green

REGISTERED AGENT MUST SIGN

Date 12/18/00

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. DIR.	RICHARD J. WOLFSON	1301 FIRST ST. S. #1101	JACKSONVILLE BEACH, FL 32250
V.P. DIR.	DONALD M. WOLFSON	1725 BEACH AVE.	ATLANTIC BEACH, FL 32233
DIR.	SAUL WOLFSON	6750 EPPING FOREST WAY N. UNIT 114	JACKSONVILLE, FL 32297
			KE

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:

Donald M. Wolfson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/8/00

Date

904-354-9600

Daytime Phone #

CP2E081 (9/99)

**THE WOLFSON GROUP,
INC.**

3733 University Blvd., W.
Suite #208
Jacksonville, FL 32217
Ph: 904-731-9140/Fax: 904-731-9141

20F2

November 30, 2000

REF.: FEI 59-3252368
Document #P94000048424
THE WOLFSON GROUP REAL ESTATE DIVISION, INC.

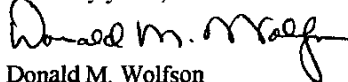
Katherine Harris
Secretary of State
Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

Enclosed you will find our check for the amount of \$150.00 along with our completed form for reinstatement. According to our records, we did not receive the form from your office for the Profit Corporation Annual Report 2000. It is my understanding that it was not returned to your office as undeliverable. Our principal place of business was relocated to the address as it appears on our letterhead above and our post office box was closed over a year ago.

Per the suggestion of a member of your staff, Cathy, we would like to request a one time waiver of the penalty for reinstatement. Therefore, we are enclosing our check for the annual fee without the penalty. Your favorable decision for this request will be most appreciated.

Sincerely yours,



Donald M. Wolfson
Vice President

Encls.
DMW:

Div of corp reinstatement 11.29.00

DONALD M. WOLFSON/RICHARD J. WOLFSON/SAUL WOLFSON