PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM OF ICN APPROVED APPROVED APPLICATION Sandra B. Mortham FORGLE 9 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 1997 APR 30 AM 11: 01 P95000001269 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name WALANDO, INC. Principal Place of Business Mailing Address 1711 SW 43 AVE 1711 SW 43 AVE GAINESVILLE FL 32608 GAINESVILLE FL 32008 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 Date Incorporated or Qualified To Do Business in Florida 01/04/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number 59- 3302364 Applied For City & State City & State Not Applicable \$8.75 Additional Fee required Zin Country Zip Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) and/or Directors City / State / Zip 1711 SW 43 AU. Gainesville, FL 3260B Paul Wales Anne Orlando Gainesville, FL 32608 400002169484--5 -05/07/97--01086--001 ****165.00 *****165.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name WALES, PAUL J Street Address (P.O. Box Number is No 1711 SW 43 AVE **GAINESVILLE FL 32608** Suite, Apt. #, Etc. State Zip Code City 10. I, being appointed the registered agent of the above amed corporation am familiar with and accept the obligations of Section 607.0505, F.S. REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97 250-376-7646 Daytime Phone #

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Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Walando, Inc. FEI #59-3302364

To Whom It May Concern,

On 07/08/96 I sent in our Annueal Report for 1996 for Walando, Inc. Enclosed was check #1050 for \$225.00

A few weeks latter this report was returned to me for an officer's signature. I did that, and resubmitted the report at that time. On 08/23/96, a notice of Administrative Revocation was issued. I call the Division of Corporations and was instructed to send this letter to try to get this matter straightened out.

To date check #1050 has not cleared my bank, so I am enclosing replacement check #1100 in order to reinstate this corporation. I am also enclosing check #1101 for the 1997 annual report. I appreciate your assistance in resolving this matter. Please let me know if there is anything else I need to do in order to resolve this situation.

Sincerely,

Anne Orlando

Corporate Secretary