

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 25 PM 5:59

DOCUMENT # **P96000066066**

1. Corporation Name

WILSON PROTOTYPE, INC.

Principal Place of Business

2415 LAKE TALMADGE DRIVE
DELAND FL 32724

Mailing Address

2415 LAKE TALMADGE DRIVE
DELAND FL 32724

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/07/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3394580

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	4 City / State / Zip
D	WILSON, SCOTT R	2415 LAKE TALMADGE DRIVE	DELAND FL 32724
D	WILSON, RENATA M	2415 LAKE TALMADGE DR	DELAND FL 32724

300004679553--7

-11/14/01--01094--008

****150.00 ****150.00

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILSON, SCOTT R
2415 LAKE TALMADGE DRIVE
DELAND FL 32724

Name

WILSON, RENATA M

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

2415 LAKE TALMADGE DRIVE

Suite, Apt. #, Etc.

City

DELAND

State

FL

Zip Code

32724

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

Scott R Wilson
REGISTERED AGENT MUST SIGN

Date

10/22/01

11. 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:

Scott R Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/01

Daytime Phone #

Wilson Prototype, Inc
2415 Lake Talmadge Drive
DeLand FL 32724

Division of Corporations
P O Box 6327
Tallahassee, FL 32314

RE: Document # P96000066066
FEI #59-3394580

To Whom It May Concern:

Please accept the enclosed form and reinstate Wilson Prototype, Inc. To the best of my knowledge we did not receive the first or second Uniform Business Report form. On March 30, 2001 my husband, Scott Wilson, was diagnosed with a very serious brain tumor. He underwent brain surgery followed by massive radiation treatments and continues to be unable to function in the business. Please review the attached letters from Scott's physicians for verification. Our home (Scott's office) has been in a state of chaos since Scott's surgery. I was unaware that any forms needed to be filed as Scott always handled these matters.

I am enclosing a check in the amount of \$150.00. Please advise if you need any additional information.

Thank you for your consideration of this matter.

Very truly yours,


Renata Wilson

245



**WALT DISNEY MEMORIAL
CANCER INSTITUTE**

Florida Hospital

Neuro-Oncology Center

Nicholas G. Avgeropoulos, M.D.
Medical Director

2501 N. Orange Avenue • Suite 581
Orlando, Florida 32804
407/303-2770
407/303-2071 Fax
E-mail: nicholas_avgeropoulos_md@mail.fhmis.net

305

May 10, 2001

To Whom it May Concern:

I am writing this letter on behalf of Scott Wilson's disability claim. The last week of March, 2001, Mr. Wilson developed symptoms of staring spells, non-sensible speaking and memory problems. He was evaluated at Florida Hospital West Volusia Emergency Department where a brain CT and MRI were performed revealing a left temporal lobe mass. Mr. Wilson was transferred to Florida Hospital South and evaluated by neurosurgeon, Dr. Christopher Baker. Dr. Baker performed a Stereotactic Stealth Guided MRI Guided biopsy on April 10, 2001 and final pathology revealed a malignant tumor type classified as Glioblastoma Grade IV/IV. Based on these findings, Mr. Wilson underwent a craniotomy with near total resection on April 25, 2001.

Presently, Mr. Wilson continues to exhibit symptoms of both short-term and long-term memory loss, global aphasia, cognitive impairment, and headache. Due to the aforementioned symptoms, namely, aphasia, Mr. Wilson is unable to resume employment as it requires intact communication and expressive skills.

With respect to prognosis, Glioblastoma Multiforme has an average life expectancy of nine months to one year. Treatment goals will include involved field radiation followed by chemotherapy. Additionally, Mr. Wilson will be scheduled for Neuro-Psychology evaluation.

Please feel free to contact me at (407)303-2770 if you would like to further discuss Mr. Wilson's disability claim.

Sincerely,

Nicholas G. Avgeropoulos, M.D.
Medical Director

405

Re: Mr. Scott Wilson
5-530-481-0

July 13, 2001

To Whom It May Concern:

Mr. Wilson is a 38-year-old-gentleman with a history of a glioblastoma multiforme initially involving both the left temporal lobe and right frontal lobe of the brain. He underwent surgical resection in Orlando, Florida. I saw the patient in consultation on 05/30/2001 with the assistance of Dr. Kurt Jaeckle, Department of Neuro-Oncology, Mayo Clinic Jacksonville. We decided to proceed with a course of radiotherapy. Following this, the patient would receive chemotherapy through Dr. Jaeckle.

Due to the patients age, I felt that he would benefit from conformal treatment to minimize the radiation dose to the normal brain. This is very important in order to allow the patient the minimal morbidity and provide the best treatment outcome. At presentation, he had difficulty with cognitive function, therefore, I wanted to minimize as much normal brain from the treatment portals.

Conformal radiation treatment requires extensive planning. A BRW headframe was used for immobilization. A MRI and CT scan were used for planning. The radiation was planned using ADAC treatment planning computer. He is currently receiving radiotherapy and has approximately three more weeks of treatment remaining.

In addition to the radiotherapy, I recommended neuropsychometric testing to help with cognitive function. I wanted to evaluate his baseline cognitive function and attempt to help him to improve this function during and after treatment.

Unfortunately, as I understand it, Mr. Wilson has had considerable problems with his insurance company. In addition to wanting to move his treatment to Orlando, Florida for insurance purposes, the neuropsychometric testings have not been approved. I highly disagree with the above.

In order to stop his radiation treatment and have his treatments moved to Orlando, Florida, he would have to have his treatment planning completely re-done, which would include taking new MRI and CT scans. This would be an enormous cost to both the insurance company and the patient. Mr. Wilson would also have a significant treatment split which would decrease the efficacy of the radiotherapy.

505

The patient is only 38 years old. He deserves good quality treatment. It is widely known that split course radiation does not work as well as continuous-course radiotherapy.

Concerning the neuropsychometric testing, I feel very strongly these should be allowed to help him with cognitive function. I can not understand why they have been disallowed given the fact that he presented with decreased cognitive function.

I have included my consultation from 05/30/2001 and Dr. Jaeckle's evaluation from 05/22/2001 with this letter.

The family has asked me to write this letter, which I am sure will be sent to the insurance company. If any questions concerning Mr. Wilson, I will be happy to answer them or go into further detail of the above.

Sincerely,

Mark P. McLaughlin, M.D.
Assistant Professor, Department of Radiation Oncology
Mayo Clinic Jacksonville

MPM:jdc

Cc: Kurt Jaeckle, M.D.
Dept. of Neuro-Oncology
Mayo Clinic Jacksonville

Nicholas Avgeropoulos, M.D.
Dept. of Neurosurgery
Florida Hospital Medical Center
2501 N. Orange Ave.
Orlando, FL 32804

Christopher Baker, M.D.
Dept. of Neurosurgery
Florida Hospital Medical Center
2501 N. Orange Ave.
Orlando, FL 32804

Scott Wilson
2415 Lake Talmadge Dr.
Deland, FL 32724

Enc.