PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** FOR FILED REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # P96000094987 98 JUL 15 AM 8:58 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA Welmore Enterprises Inc 285 NE 185 St #14 Miami, R 33179 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified 2. New Principal Office Address, If Applicable To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-070-918 City & State Not Applicable City & State 6.75 Additional Fee required for a Certificate of Status Country Country CERTIFICATE OF STATUS DESIRED Zip 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers and/or Directors City / State / Zip Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) N. Hiami Beach, Ff. 33179 19600 NE 19 Ct Sectres FRE Derick P. Welmore &R 19600 NE 19Ct. 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Frederick P. Welmore Ir Street Address (P.O. Box Number Is Not Acceptable) 19600 NE 19CH Suite, Apt. #, Etc. N.H.B. RJ 33179 City State Zip Code 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 . Suclark A. Hattato Agent . HEGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Yes L No Intangible Personal Property tax due June 30. 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. 6/15/98 305-652-3009 MULLINUS OFFICER OF DIRECTOR SIGNATURE:

WETMORE, ENTERPRISES, INC. 285 NE' 185 STREET #14 MIAMI, FL 33179

JUNE 16, 1998

DIVISION OF CORPORATIONS PO BOX 6327 TALLAHASSEE, FL 32314

RE: 65-0709180

TO WHOM IT MAY CONCERN:

ENCLOSED PLEASE FIND OUR CHECK IN THE AMOUNT OF \$323.75; WHICH INCLUDES, REINSTATEMENT FEES, AS WELL AS, FEE FOR CERTIFICATE OF STATUS, PER CONVERSATION WITH SHAWN LOGAN; DUE TO THE FACT, THAT WE NEVER RECEIVED THE ANNUAL CORPORATION REPORTS BY MAIL. THANK YOU.

SINCERELY,

FREDERICK WETMORE
WETMORE ENTERPRISES, INC.