

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 98 NOV 30 PM 3:28  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #** P97000096826  
 1. Corporation Name  
 Wilber Tribe, Inc.

Principal Place of Business Mailing Address  
 If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT** 98

2. New Principal Office Address, if Applicable c/o 1665 Palm Beach Lakes Suite, Apt. #, etc. 600 City & State West Palm Beach, FL Zip 33401	Country USA	3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country	4. Date Incorporated or Qualified To Do Business in Florida 11/13/97	5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/T	David F. Wilber, III	84 Stonehouse Farm	Oneonta, NY 13820
VP/S	Scott Wilber	84 Stonehouse Farm	Oneonta, NY 13820

000002703410--7  
 -12/04/98--01073--015  
 \*\*\*\*\*750.00 \*\*\*\*\*750.00

8. Name and Address of Current Registered Agent Richard G. Cherry 1665 Palm Beach Lakes Blvd. Suite 600 West Palm Beach, FL 33401	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> 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 Richard G. Cherry Date \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

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 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)(f), 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:** Richard G. Cherry OO  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 Richard G. Cherry, Vice President

CR2ED40 (1/98)