

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000104483			
1. Corporation Name Wesley-Donna Enterprises, Inc.			
2. Principal Office Address 500 W. Cypress Creek Rd Suite, Apt. #, etc. #160 City & State Fort Lauderdale Zip 33309 Country U.S.		3. Mailing Office Address SAME Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 12/11/97		5. FEI Number X 65-0831376 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Donna Bova			
Street Address (P.O. Box Number is Not Acceptable) 500 W. Cypress Creek Rd			
Suite, Apt. #, Etc. #160			
City Fort Lauderdale		State FL	Zip Code 33309
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 X <u>Donna Bova</u>		Date X <u>SEPT 7 575.9202</u>	
REGISTERED AGENT MUST SIGN			
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
P/D	Donna Bova	500 W. Cypress Creek Rd #160 Fort Lauderdale, FL 33309	
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: X <u>Donna Bova</u>		X <u>SEPT. 7 575.9202</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #