PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000081864

1. Corporation Name

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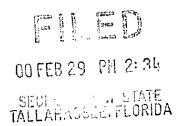
SENIOR MEMBERSHIP SERVICES, CORP.

Principal	Place of	f Business			

Mailing Address

Peter J. Wohlfelder, President

5626 ATLANTIC AVE N ST PETERSBURG FL 33703 5626 ATLANTIC AVE N ST PETERSBURG FL 33703





If above addresses are	incorrect in any way, line the	ough incorrect in	nformation a	nd enter correction below.				
L		ng Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 09/18/1998				
Suite, Apt. #, etc.		Suite, Apt. #,	, etc.		5. FEI Number		Applied For	
City & State City & State						Not Applicable		
Zip Country Zip		Country		6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status				
7. Names and Street Ac	dresses of Each Officer and	or Director (Flo	rida nonpro	fit corporations must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors 3		3	Street Address of Each Officer and/or Director		City / State / Zip		
President Pe	eter John Wohlfe	lder	5626	Atlantic Av. N.		St. Petersburg,	FL 33703	
Vice- President Tim	nothy John Wohlf	elder	5626	Atlantic Av. N.		St. Petersburg,	FL 33703	
Secretary/ Treasurer Nor	rma Jane Wohlfel	der	5626	Atlantic Av. N.		St. Petersburg,	FL 33703	
		,			81)	10003163 -03/08/000 *****908.75)1106UU4	
8 Nac	me and Address of Current	Registered Ad	Jon Cury	ATEMENT	9. Name and Ad	dress of New Registered A	gent	
U. Nai	no and Addition	a Gara V	3 W B	Name				
WOHLFELDER, PETER J 5626 ATLANTIC AVE N ST PETERSBURG FL 33703		<u> </u>	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.					
			-	City		State FL	Zip Code	
Signature of Registered Agent	tajan a	GISTERED AC	ENT MUST			Date 2-24-00	partifu that when filling	
this reinstatement ap owed by the corpora	oplication, the reason for dissi Ition have been paid and the	olution has beer names of individ	n eliminated, tuals listed o	o execute this application as p the corporate name satisfies on this form do not qualify for e legal effect as if made unde	the requirements of an exemption unde	of section 607.0401 or 617.04	01, F.S., that all fees	

2-24-00

0071659

727-521-2099

Daytime Phone #