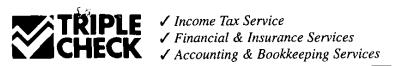
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		TAGE NEAD	TLL INSTI	10011	UNS BEFOR	<u>'_ </u>	CIVIELETI	140 11	iio FU	I XIVI.			
CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			ΙΈ	04 APR -6 PM 2:40						
							SECHE ZHY OF STATE TALLAMESSEE, PLORIDA						
DOCL	JMENT #	P98000084	4921									,	
1. Corporation Name WBS ENTERPRISES, INC.													
		,					BEMSTATEMENT 03-04						
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-	al Office Address	LICUSTINE	3. Mailing Office Address 11250 OLD ST. AUGUSTINE			NE I	000031984960 04/06/0401044002 **300.00						' ŧ
11250 OLD ST. AUGUSTINE Suite, Apt. #, etc.			Suite, Apt. #, etc.				04/06/0401044002 **300.00						ł
15377			15377				4. Date Incorporated or Qualified To Do Business in Florida 10/02/98						
City & State			City & State JACKSONVILLE, FL				5. FEI Number Applied For						
JACKSONVILLE, FL Zip Country			Zip Country			}	59-3536188 Not Applicable						
32257	DU	JVAL	32257		DUVAL		6. CERTIFICATE	OF STATU	S DESIRED (dditional Fo Certificate o	ee required of Status	
7. Name and Address of Current Registered Agent													
i	Name BLACKSTONE, WENDY S.												
	Street Address (P.O. Box Number is Not Acceptable) 11250 OLD ST. AUGUSTINE ROAD												
	Suite, Apt. #, Etc. 15377									<u> </u>			
	City JACKSONVILLE						State Zip Code 32257						
8. I, being	appointed the regis	tered agent of the abo	ve named corpo	ration, am fa	miliar with and accep	ot the ob	ligations of section	on 607.050	5 or 617,05	03, F.S.			(10/02)
Signature of Registered /		endy A	. Bla EGISTERED AGI	CK CZ ENT MUST	torre SIGN			Date .	2/16	104			CR2E081 (10/02)
9. Names	and Street Address	ses of Each Officer and	d/or Director (Flo	rida nonprof	it corporations must li	ist at lea	ışt 3 directors)	<u>_</u>					
Titles	Name of Officers and/or Directors				Street Address Officer and/or I								
D	WENDY S. BLACKSTONE			11250 OLD ST. AUGUSTINE RD			IE RD. STE	STE JACKSONVILLE, FL 32257					
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this rei owed t	instatement applicat by the corporation h	or director or the receion, the reason for diss eve been paid and the and accurate, and my s	solution has been names of individ	n eliminated, luals listed o	the corporate name s n this form do not qua	satisfies alify for a	the requirements in exemption und	of section	607.0401 c	r 617.0401,	F.S., that a	III fees	
SIGNA	TURE:	Devely URE AND TYPED OF PR	A. B.	lack	Storie SICER OR DIRECTOR		· 	2/10	0104	Daytime	Phone #	}	
i	JIGNAI	AUT VIED OF LILED OF	IAME OF	-						-ayumo		- 1	



320 Osceola Avenue Jacksonville Beach, FL 32250 Phone 904/241-2533 Fax: 904/241-1604 www.triplechecktax.com

April 3, 2004

Division of Corporations Annual Reports Filing Post Office Box 6327 Tallahassee, FL 32314

Re: Application for Reinstatement Document P98000084921– WBS Enterprises, Inc.

Dear Sir/Madam,

Please see the enclosed Application for Reinstatement for our client listed above. We are requesting that you accept her application and payment of \$300.00, for the year 2003 and 2004.

Ms. Blackstone, President of the above Corporation, did not receive her report for the referenced corporation. She has had no address changes and should have received all reports timely. While preparing her taxes this year it was discovered that she did not receive the report. We promptly prepared the necessary paperwork to submit to your office. Ms. Blackstone has always been very conscientious about forwarding all government paperwork to us and paying all yearly fees timely.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincereiv.

Beverlee A. Flowers, E.A.

Enclosure: Application For Reinstatement

Check #1648