PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAY 28 PM 12:56
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P98000106026

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06/09/03--01087--016 **608.75

1. Corporation Name

WOLF & ASSOCIATES, P.A.

2. Principal Office Address	3. Mailing Office Address
1221 Brickell Ave	1221 Brickell Ave
Suite, Apt. #, etc. 1590	Suite, Apt. #, etc. 1590
City & State Miami, FL	City & State Miami, FL
Zip 33131 Country USA	Zip 33131 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/30/98

5. FEI Number 65-0884764 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JORGE WOLF

Street Address (P.O. Box Number is Not Acceptable): 1221 Brickell Ave

Suite, Apt. #, Etc.: Suite 1590

City: Miami, State: FL Zip Code: 33131

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 _____ Date 5/27/03

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
D	Jorge Wolf	1221 Brickell Ave #1590,	Miami FL 33131

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 _____ 5/27/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Wolf & Associates, P.A.

1221 Brickell Avenue, Suite 1590
Miami, Florida 33131
Telephone (305) 371-2838
Facsimile (305) 373-5258

May 27, 2003

Attention: Division of Corporations

Re: Wolf & Associates, P.A.
Document Number P98000108026

Please be advised we did not receive our 2000, 2001, 2002 and 2003 annual reports. Our correct principal and mailing address is 1221 Brickell Avenue, Suite 1590, Miami, Florida 33131. Please accept this $608.75 to re-instate this corporation.

Jorge Wolf, President