

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000051571

1. Corporation Name

WANDSWORTH, INC.

Principal Place of Business

Mailing Address

8649 N. Himes Ave., Apt. 1616
Tampa, FL 33614

8649 N. Himes Ave., Apt. 1616
Tampa, FL 33614

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

00 OCT 18 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200003447122--5
-11/01/00--01062--022
****758.75 ****758.75

2. New Principal Office Address, If Applicable 500 North Westshore Blvd.		3. New Mailing Office Address, If Applicable 500 North Westshore Blvd.		4. Date Incorporated or Qualified To Do Business in Florida 06/08/1999	
Suite, Apt. #, etc. Suite 910		Suite, Apt. #, etc. Suite 910		5. FEI Number 59-3581058	
City & State Tampa, Florida		City & State Tampa, Florida		Applied For Not Applicable	
Zip 33609		Country USA		6. CERTIFICATE OF STATUS DESIRED <input checked="" 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/S/T/D	M. Herve' Alexis	500 N. Westshore Blvd., Suite 910	Tampa, FL 33609
VP/AS/AT/D	Patricia J. Vigors	500 N. Westshore Blvd., Suite 910	Tampa, FL 33609

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Randolph J. Wolfe 201 N. Franklin Street Suite 2100 Tampa, FL 33602	Name REINSTATEMENT 2000 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Suite 2200 City State FL 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 Randolph J. Wolfe Date 10/12/00

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)(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: [Signature] 10/16/2000 (813) 286-1009

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