

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 16 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000087525

1. Corporation Name

Wrenn Associates, Inc.

2. Principal Office Address

3120 A-1-A 1501 South

3. Mailing Office Address

2030 Old Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite One

City & State

North Hutchinson Is.
Florida

City & State

Vero Beach
Florida

Zip

34949

Country

St Lucie

Zip

32962

Country

Indian River

REINSTATEMENT

2000

4. Date Incorporated or Qualified
To Do Business in Florida.

10/04/99

5. FEI Number

65-0956703

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

Carolyn B. Wrenn

500003441765-4
-10/27/00-01021-012

Street Address (P.O. Box Number is Not Acceptable)

3120 A-1-A 1501 South

****750.00 ****750.00

Suite, Apt. #, Etc.

City

North Hutchinson Is., Florida

State

FL

Zip Code

34949

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

Carolyn Wrenn

REGISTERED AGENT MUST SIGN

Date 10-11-00

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/C	Carolyn B. Wrenn	3120 A-1-A	N. Hutchinson Is., Fl 34949

LS

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:

Carolyn Wrenn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/00

Date

(561) 562-6003

Daytime Phone #

CR2E081 (9/99)