PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # P99000087525 1. Coporation Name Wrenn Associates, Inc. 2. Principal Office Andreas 9611 North US Hwy 1 9611 North US Hwy 1 962/978 Country 10 Substant, FI Subst	-	RPORATI				ı	Secretar	TMENT OF S y of State corporations	STATE	SI DIVI:	ECRET	FILED ARY OF STAT OF CORPORAT	Έ	
2. Principal Office Address 3. Mailting Office Address 3. Solite, Addr			¯ # P!	99000	87525					04	APR	22 AM 8: 0	ions O	
Suite, Apr. #, etc. Suite, Su	Wrenn	Associate	es, Inc	: .						Hein	151/	ATEME	NT_	13-04
Suite 341 City & State Sebastian, FI Sebastian Street Address of Current Registered Agent Aurea Carolyn B. Wrenn Street Address of Exch Obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent Must SiGN Sebastian FI Titles Registered Addresses of Each Officer and/or Director (Fiorisa nonprofit corporations must list at least 3 directors) Titles Officer and/or Directors Sebastian, FI Sebastian	i i i i i i i i i i i i i i i i i i i										300 XXX	335643	376 ******	MRI
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Sebastian, FI Sebastian, FI Country 3295 US Country 32958 Country Carolyn B. Wrenn Steet Address of Current Registered Agent Name Carolyn B. Wrenn Steet Address (P.O. Box Number is Not Acceptable) Self 1 North US Hwy 1 City Sebastian Steet Address (P.O. Box Number is Not Acceptable) Suite, Agt, rg. Bc. Suite, Agt, rg. Bc. Suite, Agt, rg. Bc. Suite, Agt, rg. Bc. Suite Address of Current Registered Agent Self 1 North US Hwy 1 Country Registered Agent Registered Agent Registered Agent Name Registered Agent Name of Registered Agent Name of Registered Agent Name of Officers and/or Directors Street Address of Bach Officer and/or Director Officer and/or Director City State / Zp Corde PC Carolyn B. Wrenn 9611 North US Hwy 1 Sebastian, FI. 32958 10. Locartly 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 filling this reinhaltenermal application, the reason of criscalution has been eliminated, the corporate rame satisfies the requirements of secution 607 0401 or 817 0401, F.S., that all free covered by the congruent rame admits the requirements of secution 607 0401 or 817 0401, F.S., that all free covered by the congruent rame admits the congruent rame admits the requirements of secution 607 0401 or 817 0401, F.S., that all free coved by the corporation has been eight and the manager of morthical mide on this torn of to qualify for an example or uniformation indicated on the torn of to qualify for an example or uniformation indicated on the torn of to qualify for a requirement of secution 1807(30), F.S. The all free covered by the companion have been prior and the remainer of the companion have been predicted in the remainer of the qualified on this torn of tord qualify for	City & State)				ļ <u> </u>							· · ·	
2p 32958 US 32958 US 6. CERTIFICATE OF STATUS DESIRED S7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent Name Carolyn B. Wrenn	· ·					1 *								
Name Carolyn B. Wrenn			1	ry		1 ') ·	!	6. CERTIFICATE	SOF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
Carolyn B. Wrenn Street Addresses (P.O. Box Number is Not Acceptable) 961 North US Hwy 1 Suite. Apt. #, Etc. Suite. Apt. #, Etc. Suite. Spanner 6. I. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S. Signature of Registered Agent						7.	Name and	Address of Curre	nt Register	ed Agent				
9611 North US Hwy 1 Suite, Apt, #, Etc. Suite 341 City Sebastian 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 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 Officers and/or Directors Officer and/or Director Carolyn B. Wrenn 9611 North US Hwy 1 Sebastian, Fl. 32958 10. Loettly that I am an officer or director or the receiver or trustee empowered to execute his application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, 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.			B. W	renn										
Suite 341 City State State Signature of Registered Agent		Street Add	ress (P. orth L	O. Box N JS Hwy	umber is N	lot Acceptable)							
Sebastian 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent Carry B. Harmony 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 Officers and/or Directors Officer and/or Director City / State / Ztp PC Carolyn B. Wrenn 9611 North US Hwy 1 Sebastian, Fl. 32958 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 filling 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)(0, 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.		Suite, Apt Suite 34	. #, Etc. 11											
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SIGNATURE: Carolyn B. WRENN 4-19-64 538-8181		application is	s true an	d accurat	e, and my	signature shal	have the sar	ne legal effect as i	f made unde	er oath.		(77:	3)	į
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