


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 22 AM 8:00

REINSTATEMENT 03-04
MRS

600033564376
04/22/04--01051--021 **900.00

DOCUMENT # P99000087525

1. Corporation Name

Wrenn Associates, Inc.

2. Principal Office Address
325A Harp Terrace

3. Mailing Office Address
9611 North US Hwy 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 341

City & State
Sebastian, FL

City & State
Sebastian, FL

Zip Country
32958 US

Zip Country
32958 US

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

Street Address (P.O. Box Number is Not Acceptable)
9611 North US Hwy 1

Suite, Apt. #, Etc.
Suite 341

City
Sebastian

State Zip Code
FL 32958

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 B. Wrenn

Date 4-19-04

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
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 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 B. Wrenn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLYN B. WRENN 4-19-04

Date

Daytime Phone #

(772) 538-8181

CR2ED81 (01/04)