PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PAGE 1042

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000094715

1. Corporation Name

WEALTH MANAGEMENT ADVISORS, INC.

Principal Place of Business

Mailing Address

1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH FL 33401 1645 PALM BEACH LAKES BLVD.

SUITE 1200

WEST PALM BEACH FL 33401

FILED

100 DEC 27 AM 11: 40

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Date

Daytime Phone #

If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable New Mailing Office Address If Applicable 14. Date incorporated or Qualified Lo Do Business in Florida 10/27/1999 Suite, Apt. #, etc. 5 FEI Number Applied For City & State 65-0973678 Not Applicable Teauecto. \$8.75 Additional Fee required Zip 33 469 CERTIFICATE OF STATUS DESIRED 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) Name of Officers and/or Directors Street Address of Each Officer and/or Director Title(s) City / State / Zip D,P,S Greg F. Young 1645 Palm Beach Lakes Blvd. West Palm Beach, FL 33401 Suite 480 300003523663---01/04/01--01033--005 ****158.75 ****158.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Greg F. Young HARDING, GEORGE E Street Address (P.O. Box Number is Not Acceptable) E040 1645 Palm Beach Lakes Blvd. 1645 PALM BEACH LAKES BLVD. Suite, Apt. #, Etc **SUITE 1200** Suite 480 WEST PALM BEACH FL 33401 State Zip Code 33401 West Palm Beach 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 Date _12/15/00 REGISTERED AGENT MUST SIGN 11. 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)(i), F.S. The information indicated

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

November 10, 2000

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, Florida 32314-6327

Re: Wealth Management Advisors, Inc./Document # P99000094715

Dear Sir/Madam:

I spoke with a representative in your office several days ago in response to the notice I received of Administrative Dissolution of Wealth Management Advisors, Inc. I explained that we had not received the Annual Report in our office and as a result, we were not aware that this form was due. I was told to send in the Application for Reinstatement with the original filing fee due and that your office would review the matter and make a decision regarding reinstatement.

I am, therefore, enclosing the form you provided to us along with a check in the amount of \$158.75 covering the cost of the Annual Report and a Certificate of Status.

I have also enclosed a self-addressed, stamped envelope for your convenience in returning the Certificate of Status to our office.

Please feel free to call if you have any questions.

Very truly yours,

WEALTH MANAGEMENT ADVISORS, INC.