

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 31 AM 7:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 02

DOCUMENT # P99000104828

1. Corporation Name

WOLFGANG KNOWLEDGE MANAGEMENT, INC.

Principal Place of Business

13815 MILL COVE CIRCLE  
TAMPA FL 33624

Mailing Address

13815 MILL COVE CIRCLE  
TAMPA FL 33624

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/30/1999

5. FEI Number

58-2506702

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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	4 City / State / Zip
P	WOLFF, GWENDOLYNN M	13815 MILL COVE CIRCLE	TAMPA FL 33624
V	WOLFF, STEVEN L	13815 MILL COVE CIRCLE	TAMPA FL 33624

8. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.  
3150 SANDY RIDGE DRIVE  
CLEARWATER, FL 33761

9. Name and Address of New Registered Agent

Name  
Gwendolynn M Wolff  
Street Address (P.O. Box Number is Not Acceptable)  
13815 Mill Cove Circle  
Suite, Apt. #, Etc.  
City  
TAMPA  
State  
FL  
Zip Code  
33624

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Gwendolynn M Wolff*  
REGISTERED AGENT MUST SIGN

Date Dec 1, 2002

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 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:

Gwendolynn M. Wolff  
*Gwendolynn M Wolff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 1, 2002 813-960-2657  
Date Daytime Phone #

CR2E040 (8/02)