

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

97 SEP 18 PM 3:25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # S64123
 1. Corporation Name

Wings 4 U, Inc.

Principal Place of Business Mailing Address
 210 South Kings Ave.
 Brandon, FL 33511-5702

200002300742--8
 -09/23/97--01039--001
 ****915.00 ****915.00

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

2. New Principal Office Address, If Applicable 1802 1/2 MacDill Ave. Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 400 N. Ashley Dr. Suite, Apt. #, etc. Ste. 2300		4. Date Incorporated or Qualified To Do Business in Florida 7/3/1991	
City & State Tampa, FL		City & State Tampa, FL		5. FEI Number 59-3086375 Applied For Not Applicable	
Zip 33629	Country	Zip 33602	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City State / Zip
P	James Mellody	1802 1/2 MacDill Ave.	Tampa, FL 33629

REINSTATEMENT *96-97*
A. Adams
9/18/97

8. Name and Address of Current Registered Agent James Mellody 210 South Kings Ave. Brandon, FL 33511		9. Name and Address of New Registered Agent Name James Mellody Street Address (P.O. Box Number is Not Acceptable) 1802 1/2 MacDill Ave. Suite, Apt. #, Etc. City Tampa State FL Zip Code 33629	
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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 *[Signature]* REGISTERED AGENT MUST SIGN Date **9-15-97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: *[Signature]* **James Mellody** **9-15-97** **813 254 2200**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)