
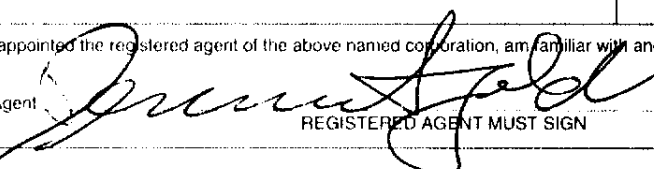
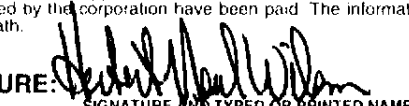


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  97 JAN 22 PM 1:02  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT # S95618</b>					
1. Corporation Name <div style="text-align: center;"><b>WILCOR INTERNATIONAL, INC.</b></div>					
Principal Place of Business <b>1 Sabre Cay Lane Naples, FL 34102</b>			Mailing Address <b>1 Sabre Cay Lane Naples, FL 34102</b>		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable  Suite, Apt. #, etc.  City & State  Zip      Country		3. New Mailing Address, If Applicable  Suite, Apt. #, etc.  City & State  Zip      Country		4. Date Incorporated or Qualified To Do Business in Florida <div style="text-align: right;"><b>11/19/91</b></div>	
5. FEI Number <div style="text-align: center;"><b>65 0301927</b></div>				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" 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		Herbert Neal Wilson		1 Sabre Cay Lane Naples, FL 34102
	ST		William Collins		1 Sabre Cay Lane Naples, FL 34102
8. Name and Address of Current Registered Agent  <b>Dennis S. Gold, Esq. 2335 Tamiami Trail North Suite 301 Naples, FL 34103</b>			9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City      State      Zip Code <div style="text-align: right;"><b>FL</b></div>		
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: <b>January 16, 1997</b> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.    Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:  Date: <b>Jan 15, 97</b> <div style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div>					

CR2E040 (12/95)