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DIVISION OF CORPORATIONS

01 OCT 16 AM 11:49

1. Corporation Name

Principal Place of Business

Mailing Address

510 NEAPOLITAN LANE
NAPLES FL 34103-8533
US

510 NEAPOLITAN LANE
NAPLES FL 34103-8533
US



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

2. New Principal Office Address, If Applicable 4344 Kensington Hgnt St Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 4344 Kensington Hgnt St Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 01/02/1992	
City & State Naples, FL		City & State Naples, FL		5. FEI Number 65-0304217	
Zip 34105		Zip 34105		Applied For Not Applicable	
Country USA		Country USA		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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
T	WENDLING, MEGAN M.	510 NEAPOLITAN LANE <i>4344 Kensington High St.</i>	NAPLES FL 34103 <i>Naples, FL 34105</i>
PD	WENDLING, MEGAN M	510 NEAPOLITAN LANE <i>4344 Kensington High St</i>	NAPLES FL 34103 <i>Naples, FL 34105</i>
			900004655259--3:
			-10/26/01--01067--009
			****150.00 ****150.00 ..

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent	
<p>WENDLING, MEGAN M. 510 NEAPOLITAN LANE NAPLES FL 34103-8533</p>	<p>Name <u>Megan Wendling</u></p>	
	<p>Street Address (P.O. Box Number is Not Acceptable) <u>4344 Kensington High St.</u></p>	
	<p>Suite, Apt. #, Etc.</p>	
	<p>City <u>Naples</u></p>	<p>State <u>FL</u> Zip Code <u>34105</u></p>

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

Wegman, Werner & Associates, Inc.
REGISTERED AGENT MUSA

REGISTERED AGENT MUST SIGN

Date _____

10/12/01

AD

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

941-
403-
0230

CH2E040 (8/01)

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To: Florida Department of Corporations

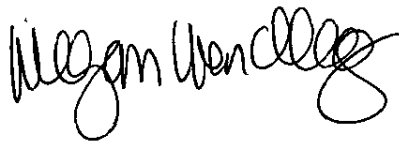
From: Megan Wendling

Reference: Megan Wendling, Inc. Federal ID# 650304217

Date: October 15, 2001

My firm has been registered since 1992. I moved last year in October 2000. I never received any correspondence from you until I received this revocation form, which by the way, had the correct address on the outside but not on the inside. Please reinstate my firm immediately. Thank you in advance for your prompt attention to this matter.

Megan Wendling- President
Megan Wendling, Inc.

A handwritten signature in black ink, appearing to read "Megan Wendling", with a stylized flourish at the end.