

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

03 JAN 22 AM 9 06

SECRETARY OF STATE
 TALLAHASSEE, FLA.

DOCUMENT # **M86596**

1. Corporation Name
O. FRANKLIN WOLFE REALTY CORP.

Principal Place of Business 4125 S.W. MARTIN HIGHWAY SUITE 5 PALM CITY FL 34990	Mailing Address 4125 S.W. MARTIN HIGHWAY SUITE 5 PALM CITY FL 34990
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700011123287
 01/28/03--01028--021 **900.00

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/22/1988	
City & State		City & State		5. FEI Number	
Zip		Country		65-0069375	
				Applied For	
				Not Applicable	
				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	4 City / State / Zip
ST	MORGAN, ALLAN POTTS	5441 S.E. MEADOW SPRINGS BLVD.	STUART FL 34997

REINSTATEMENT 01-03 1178

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WOLFE, O F 4125 SW MARTIN HWY STE 5 PALM CITY FL 34990		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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: *[Signature]* Date: 1/15/03

SIGNATURE REQUIRED
 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 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]* Date: 1-17-03 772-206-5245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #