

APPROVED  
AND  
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FIRM 50

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F06000000304

1. Corporation Name

Wikia, Inc.

2. Principal Office Address - No P.O. Box #

500 - 3rd Street

Suite, Apt. #, etc.

Suite 405

City & State

San Francisco, CA

Zip

94107-1889

Country

USA

3. Mailing Office Address

Same as Item 2.

Suite, Apt. #, etc.

City & State

**REINSTATEMENT** 07-12

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

January 17, 2006

5. FEI Number

20-2118507

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0505, F.S.

Signature of  
Registered Agent

*Connie Bryan*

Connie Bryan

Assistant Secretary

Date November , 2012

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Craig L. Palmer	500 - 3rd Street, Suite 405	San Francisco, CA 94107-1889
CFO	Bud Austin	830 Menlo Avenue, Suite 105	Menlo Park, CA 94025-4734
S	Patrick A. Pohlen	140 Scott Drive	Menlo Park, CA 94025-1008
	See attached list of directors		

10. E-mail Address: baustin@kranztspp.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 817.155, F.S.

SIGNATURE:

*Bud Austin*

Bud Austin

11/09/12

(650) 854-4550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NOV 19 2012

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**\*RE-SUBMIT\***

Please retain original filing date of submission 11/12

To: Division of Corporations  
Fax Number : (850)617-5384

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

CORPORATION REINSTATEMENT  
WIKIA, INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$1,500.00