PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

CORPORATION [redacted]

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

2000 UBZ

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DOCUMENT # P94000006807

1. Corporation Name

WILDKINGDOM, INC

2. Principal Office Address	**3.** Mailing Office Address
15834 WEST STATE RD 84	15834 WEST STATE RD 84
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON, FL	City & State: WESTON, FL
Zip: 33326 Country: BROWARD	Zip: 33326 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: 01/27/1994

5. FEI Number: 65046 3110 ☐ 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: CASTRO, ROBERT

Street Address (P.O. Box Number is Not Acceptable): 2965 WENTWORTH

Suite, Apt. #, Etc.:

City: WESTON State: FL Zip Code: 33332

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: N. Cast Date: 11.10.00

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CASTRO, ROBERT	2965 WENTWORTH	WESTON, FL. 333332
V.S	CASTRO, ERIC	2511 EAGLE RUN DRIVE	WEATON, FL. 33327
V.T	WHEELER, RODNEY	7910 N.UPPER RIDGE DR	PARKLAND, FL. 33067
			KE

10. 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: N. Cast 11.10.00 (954)384.9119

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

November 27, 2000

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please consider this a request in waiving any late filing fees, which Wild Kingdom, Inc may have occurred due to the following unforeseen circumstances.

Because of a mistake on the part of the U.S. Post Office not forwarding our mail to our new address at 15834 West State Road 84, Weston, FL 33326. Our annual report was returned back to the Division of Corporations. This set of circumstances prevented us from ever receiving and/or responding to our annual report.

Should you have any questions or need assistance in any way, please don't hesitate to call me at (954) 384-9119 Ext: 2301/

Sincerely,

Robert Castro
President