

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 18 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000001561

1. Corporation Name

WANDERLUST ENTERTAINMENT, INC.

Principal Place of Business

Mailing Address

1521 ALTON ROAD #511
MIAMI BEACH FL 33139

1521 ALTON ROAD #511
MIAMI BEACH FL 33139

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/19/2001

5. FEI Number

95-4818496

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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
PSTD	GOYE, DENNIS	5900 COLLINS AVE #400 324 Fairmont Road Weston, FL 33331	MIAMI BEACH FL 000009053310 11/18/02--01084--018 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOYE
GOYE, DENNIS
324 FAIRMONT ROAD
WESTON FL 33331

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/12/2002

CR2E040 (8/02)

Wanderlust Entertainment, Inc.
8304 Maynard Avenue
West Hills, CA 91304

November 12, 2002

Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

To whom it may concern:

I received the "Notice of Administrative Dissolution or Revocation" in the mail forwarded to me in California and immediately contacted your office in Tallahassee.

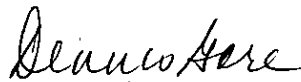
I did not receive the required Uniform Business Report statement and as it was the start of my second year as a foreign corporation in Florida I was unaware of this filing requirement.

I attach a completed Uniform Business Report statement as well as the application for reinstatement and ask the Florida Department of State to waive any penalties incurred and return my corporation to its good standing. In addition, enclosed you will find check #1024 in the amount of \$150.00 for the required filing fee.

Thank you in advance for your assistance.

If I may be of assistance, please feel free to contact me at (760) 416-2885.

Sincerely,



Dennis Gore
President