


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F15040			
1. Corporation Name Wicked Wings of Buffalo, Inc.			
Principal Place of Business		Mailing Address	
200 East Robinson St. Suite 450 Orlando, FL 32801			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 200 E. Robinson St. Suite, Apt. #, etc. Suite 450 City & State Orlando, FL		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip 32801 Country	
		4. Date Incorporated or Qualified To Do Business in Florida 01/15/81	
		5. FEI Number X Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8 / 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Pamela J. Wilkinson	200 E. Robinson St. #450	Orlando, FL 32801
			600002604796-3 -07/31/98--01109--005 ***2306.25 ***2271.25
REINSTATEMENT 82-98 36 7-31-98			
8. Name and Address of Current Registered Agent Pamela J. Wilkinson 200 E. Robinson St. #450 Orlando, FL 32801		9. Name and Address of New Registered Agent 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. Signature of Registered Agent <i>Pamela J. Wilkinson</i> REGISTERED AGENT MUST SIGN Date July 27, 1997			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: <i>Pamela J. Wilkinson</i> Pamela J. Wilkinson, Pres. Date July 27, 1997 800-262-9798 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #			

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