

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC -3 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K96267

1. Corporation Name

WILTRAV, INC.

Principal Place of Business

2401 PGA BLVD., STE. 166
PALM BEACH GARDENS FL 33410
US

Mailing Address

2401 PGA BLVD., STE. 166
PALM BEACH GARDENS FL 33410
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2401 PGA Blvd - Ste 166
Suite, Apt. #, etc.
Suite 166

City & State
Palm Beach Gdn, FL

Zip
33410

Country
USA

3. New Mailing Office Address, If Applicable

2401 PGA Blvd
Suite, Apt. #, etc.
Suite 166

City & State
Palm Beach Gdn, FL

Zip
33410

Country
USA

4. Date Incorporated or Qualified
To Do Business In Florida

06/19/1989

5. FEI Number

65-0131551

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
P	WILD, MICHAEL J	27 CAYMAN PLACE	PALM BEACH GRDNS FL 33418
VP	WILD, ELLEN R	27 CAYMAN PLACE	PALM BEACH GRDNS FL 33418

400003070174--8
-12/14/99--01106--009
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILD, MICHAEL
27 CAYMAN PLACE
PALM BEACH GARDENS FL 33418

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

Michael J Wild
REGISTERED AGENT MUST SIGN

Date

11/29/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J Wild
MICHAEL J. WILD

Date

Daytime Phone #

11/29/99 561-627-8939

KE