

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 172

FILED

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JAN 11

AM 11:22

SECRET
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M09659

1. Corporation Name

~~WILDMAN PRODUCTIONS INC.~~
WILD MAN PRODUCTIONS INC.

2. Principal Office Address

5051 SW MARKET

Suite, Apt. #, etc.

STREET

City & State

PALE CITY FL.

Zip

34990

Country

USA

3. Mailing Office Address

5051 SW MARKET

Suite, Apt. #, etc.

STREET

City & State

PALE CITY FLORIDA

Zip

34990

Country

USA

REINSTATEMENT 01-06

CR 2005 JAN 13 2006

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/7/85

5. FEI Number

592512503

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 DAVID GONZALEZ

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

5051 SW MARKET STREET

Suite, Apt. #, Etc.

City

PALE CITY

State

FL

Zip Code

34990

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/9/06

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
<u>President</u>	<u>DAVID GONZALEZ</u>	<u>5051 SW MARKET ST.</u>	<u>PALE CITY FL. 34990</u>

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 contained in Chapter 118, 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:

DAVID GONZALEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/06

Date

772-288-4381

Daytime Phone #

PS 272

1

8/11/2005

Wildman Productions Inc.

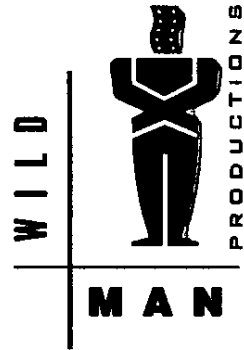
5051 S.W. Markel Street Palm City Florida 34990

Office: 772-288-4381 Cell: 772-263-0225

Email: gonzalezdj@aol.com

To: Florida Department of State

From: David Gonzalez



Purpose: Request to wave Reinstatement penalties.

According to your records the notice of dissolution for my company which was sent to me back in 2000 was sent back to you. I never received this document and was unaware until recently that my company had been dissolved in 2001.

Attached you will find the reinstatement form along the filing fees of \$900 periods 2001-2006. I ask that you please wave the penalty fees for the periods in question and reinstate my company. If you have any questions please feel free to call me at the number listed above.

Sincerely,

A handwritten signature in black ink, appearing to be 'David Gonzalez', written over a circular stamp or seal.

David Gonzalez

President Wildman Productions