

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000002574

1. Corporation Name

U.S. WILDLIFE SERVICES, INC.

2. Principal Office Address - No P.O. Box #

2400 East Las Olas Blvd.

Suite, Apt. #, etc.

#424

City & State

Fort Lauderdale, FL

Zip

33301

Country

United States of America

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

4/13/2000

5. FEI Number

65-1000963

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
William Platter

Street Address (P.O. Box Number is Not Acceptable)
2400 East Las Olas Blvd.

Suite, Apt. #, Etc.

#424

City
Fort Lauderdale

State
FL

Zip Code
33301

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date **4/24/07**

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|---------------------------|
| D | Christopher Knight | 2400 East Las Olas Blvd. #424 | Fort Lauderdale, FL 33301 |
| D | JeKaterina Knight | 2400 East Las Olas Blvd. #424 | Fort Lauderdale, FL 33301 |
| D | William Platter | 2400 East Las Olas Blvd. #424 | Fort Lauderdale, FL 33301 |
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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 119, 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

4/24/07 (954)
830-2262
Date Daytime Phone #

xc.4/30