

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 28 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N-01000003929**

1. Corporation Name

WILD SPOTS FOUNDATION, INC.

2. Principal Office Address

757 SE 17th Street

Suite, Apt. #, etc.

230

City & State

Fort Lauderdale

Zip

33316

Country

USA

3. Mailing Office Address

757 SE 17th Street

Suite, Apt. #, etc.

230

City & State

Fort Lauderdale

Zip

33316

Country

USA

REINSTATEMENT

09

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/2001

5. FEI Number

67-1107332

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

BARKER, BARRY W.

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

3301 COLLEGE AVE, P-321

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33314

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

REGISTERED AGENT MUST SIGN

Date

10/24/03

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
PRES. DIRECTOR	BARRY W. BARKER	3481 SW 50th TERRACE	DAVIE, FL 33314
V.P.	MARIA MONTERO	231 W 20th ST	MIAMI, FL 33010
Sec/Treas	Heriberto Montero	300 SW 25th TR	FT LAUDERDALE, FL 33312

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 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

Date

Daytime Phone #

10/24/03 954-262-8303

CR2E081 (10/02)