

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

WD6000038232

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 703000004493

1. Corporation Name

EXOTICATZ ~~WILSON~~ SANCTUARY, Inc

REINSTATE

REINSTATEMENT 04-06

mailing address Physical Address

P.O. Box 4412		17221 SHELBY LANE	
N. FT. MYERS		N. FT. MYERS	
FLORIDA		FLORIDA	
33918		33917	

4. Date incorporated or Qual To Do Business in Florida	5-16-2003
5.	86-0875516
6. CERTIFICATE OF STATUS DESIRED	<input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

PEGGY MENDEZ P.O. Box 4412 N. Ft. Myers, FL 33918		
(MAILING ADDRESS) (PM)		
FACILITY ADDRESS - 17221 SHELBY LANE		
	State	33917
	FL	

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

Peggy Mendez

REGISTERED AGENT MUST SIGN

Date 8-10-2006

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
P	PEGGY MENDEZ	17221 SHELBY LANE LANE	N. FT. MYERS, FL 33917
V	MARLENE RIVIELLO	16284 SHODOW PINE RD.	N FT. MYERS, FLA 33917
			000080226000 09/27/05--01052--003 **192.50

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:

Peggy Mendez

8-10-2006

01/22/07