## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

1. Entity Nam	ne RN FLOF	# N9300000 RIDA WILD LIFE R			SECRETARY OF STATE DIVISION OF CORPORATIONS  97 NOV -7 AM II: 55					
Principal Place of Business 19391 S.W. 336TH STREET HOMESTEAD, FL 33034 US HOMESTEAD, FL 33034					5					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address SAME US USOVE							
Suite, Apt. #, etc. WA			Suite, Apt. #, etc.	N/H			IN-NP	CR2E099 (1	/07)	
Homes	tomesteail Fl.		City & State S17 W.E			4. FEI Number 65-045075	4. FEI Number Applied For 65-0450750 Not Applicable			
33034 D		Country プタカモ	33034	∑°,	7DE	5. Certificate of St		Fee R	5 Additional equired	
_	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent Name					
NEUGEBO 19391 S.W HOMESTE	V. 336TH S	STREET			Street Address (P.O. Box Number is Not Acceptable)					
11011112012	-AD, 1 C 0				City FL Zip Code					
8. The above named, entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE DIPLY VEUCEBOHRN 10-30-07 Straure, Word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
File NOW!!! FEE IS \$61.25  After January 1, 2008, Fee will be \$122.50  In accordance with s. 607.193(2)(b), for corporation did not receive the prior not								ike check paya la Department		
10.		OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANG	L ES TO OFFICER	S AND DIRECTO	DRS IN 10	
TITLE	PD Delete				E				hange	
NAME STREET ADDRESS	NEUGEBOHRN, DIRK 19391 S.W. 336 ST.				EET ADDRESS	1179711	11\(\bar{5}\)001432934935 11\(\bar{5}\)00749338			
CITY-ST-ZIP	HOMESTEAD, FL 33034				OTTY-ST-ZIP			31.23		
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NAME		OHRN, DIRK		NAN					Ì	
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TITLE	}		☐ Delete	TITL			-		Addition	
NAME STREET ADDRESS				NAN STRI	EET ADDRESS					
CITY-ST-ZIP				CITY	'-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of this tee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE: 10-30-07 786-246-4263										