

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 27 AM 8:26

**DOCUMENT # N95000003291(0)**

**1. Corporation Name**

WILDLIFE AND ANIMAL S.A.F.E.R. SEARCH AND  
FLIGHT EVACUATION RESCUE, INC.

**2. Principal Office Address**

412 S.W. 34th ST.

Suite, Apt. #, etc.

**3. Mailing Office Address**

P.O. Box 463

Suite, Apt. #, etc.

City & State

Cape Coral, Florida

Zip

33914

Country

USA

City & State

Sanibel, Florida

Zip

33957

Country

USA

**REINSTATEMENT 96-00**

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

07/06/1995

**5. FEI Number**

650594560

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

HOWARD, BOBBIE

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

412 S.W. 34th ST.

Suite, Apt. #, Etc.

City

CAPE CORAL

300003414413-6

-10/05/00--01021--018

\*\*\*\*481.25 \*\*\*\*481.25

300003414413-6

-10/05/00--01021--018

\*\*\*\*481.75 \*\*\*\*481.75

State

FL

Zip 33914

**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

*Bobbie Howard*

REGISTERED AGENT MUST SIGN

Date

9/23/00

**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=D=	Bobbie Howard	412 S.W. 34th ST.	Cape Coral, FL 33914
S=T=D=	Ennia Howard	412 S.W. 34th ST.	Cape Coral, FL 33914
D=	Jean Howard	412 S.W. 34th ST.	Cape Coral, FL 33914

**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:

*Bobbie Howard*

PREP. BOBBIE  
HOWARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/23/00 540-8116

Daytime Phone #

CR2E081 (9/99)