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 OCT 24 PM 3:11

DOCUMENT # N97000005432

1. Corporation Name: Save the Wild Chinchillas, Inc

REINSTATEMENT

2. Principal Office Address	**3.** Mailing Office Address
122 West Michigan Ave. (new)	122 West Michigan Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DeLand, Florida 32720	City & State: DeLand, FL 32720
Zip: 32720 Country: USA	Zip: 32720 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 31-1584774 ☐ 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: Joan D. Carter, [illegible]

Street Address (P.O. Box Number is Not Acceptable): 122 West Michigan Ave.

Suite, Apt. #, Etc.:

City: DeLand, State: FL Zip Code: 32720

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****245.00 ****245.00

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: Joan D. Carter Date: 10/2/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
Dir	Prof. Timothy Brothers	425 University Blvd, #213	Indianapolis, IN 46202
Dir/Pres	Amy Deane	Casilla #302	Illapel, Region IV CHILE
Dir	Nicole Wright	2324 E. 16th St	Indianapolis, IN 46201
Dir	Jaime Jimenez	651 N 400E	Logan, UT 84321
corresp. Sec.	Joan D. Carter	122 W. Michgian Ave.	DeLand, FL 32720

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: Joan D. Carter Joan D. CARTER 10/2/00 (904) 734-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #