

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## REINSTATEMENT FILED

05 JAN -4 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N97000005432

1. Entity Name  
SAVE THE WILD CHINCHILLAS, INC.



Principal Place of Business  
122 WEST MICHIGAN AVE  
DELAND, FL 32720

Mailing Address  
P.O. BOX 15  
GLENWOOD, FL 32722



10292004 REIN-NP CR2E099 (6/04)

2. Principal Place of Business

1607 Red Cedar Dr.

3. Mailing Address

1607 Red Cedar Dr.

Suite, Apt. #, etc.

9

Suite, Apt. #, etc.

9

City & State

Fort Myers

City & State

Fort Myers

Zip

33907

Country

USA

Zip

33907

Country

USA

4. FEI Number  
31-1584774

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARTER, JOAN D  
122 WEST MICHIGAN AVE  
DELAND, FL 32720

7. Name and Address of New Registered Agent

Name Partha Dhar

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

1607 Red Cedar Dr. 49

City Fort Myers

FL

Zip Code

33907

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 Partha Dhar

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/30/2004

DATE

FILE NOW!!! FEE IS \$61.25  
After January 1, 2005, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BROTHERS, TIMOTHY PROF  
STREET ADDRESS 425 UNIVERSITY BLVD. #213  
CITY-ST-ZIP INDIANAPOLIS, IN 46202

TITLE DP ☐ Delete  
NAME DEANE, AMY  
STREET ADDRESS CASILLA #302  
CITY-ST-ZIP ILLAPEL, REGION IV CHILE,

TITLE D ☐ Delete  
NAME WRIGHT, NICOLE  
STREET ADDRESS 2324 E 16 STREET  
CITY-ST-ZIP INDIANAPOLIS, FL 46201

TITLE D ☐ Delete  
NAME JIMENEZ, JAIME  
STREET ADDRESS 651 N 400E  
CITY-ST-ZIP LOGAN, UT 84321

TITLE CS ☐ Delete  
NAME CARTER, JOAN D  
STREET ADDRESS 122 WEST MICHIGAN AVE  
CITY-ST-ZIP DELAND, FL 32720

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME 400043836834  
STREET ADDRESS 01/04/05---01002---020 \*\*70.00  
CITY-ST-ZIP

TITLE DP ☒ Change ☐ Addition  
NAME EL Balcon Parcela 65  
STREET ADDRESS ILLAPEL, Chile  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 4929 Quike Lane  
STREET ADDRESS Eugene OR 97401  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or trustee 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: Amy L Deane  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 Dec 04 (317) 636 5847 USA  
Date Daytime Phone #

(56) 94714953 Chile