

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUL 26 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

WILD WALK EXOTICS, INC.

Document Number N99000001372

2. Principal Office Address

2307 Holbrook Ave

Suite, Apt. #, etc.

City & State

CAIRO, IL

Zip

62914

Country

ALEXANDER

3. Mailing Office Address

2307 Holbrook Ave

Suite, Apt. #, etc.

City & State

CAIRO, IL

Zip

62914

Country

ALEXANDER

4. Date Incorporated or Qualified
To Do Business in Florida

02-09-1999

5. FEI Number

65-0900460

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

JONATHAN C. FRINGER

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

1204 Mathis Street

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33461

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

Jonathan C. Fringer

REGISTERED AGENT MUST SIGN

Date 07-10-2002

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
President	JONATHAN C FRINGER	2307 Holbrook Ave	CAIRO, IL 62914
Vice President	BEN E McMillan	2307 Holbrook Ave	CAIRO, IL 62914
Treasurer	DAVID Fitch	2744 BOAL RD	HARDIN, KY 42048
Secretary	NORMA LEM CASEY	1204 Mathis Street	LAKE WORTH, FL 33461

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:

Jonathan C. Fringer

JONATHAN C. FRINGER

Date 07-10-02

618-734-1780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/31/02

July 09, 2002

WILD WALK EXOTICS INC.
JONATHAN C. FRINGER
2307 HOLBROOK AVE.
CAIRO, IL. 62914

REG: REINSTATEMENT
WILD WALK EXOTICS INC.
DOC. NUM. N99000001372

TO WHOM IT MAY CONCERN:

I am requesting a wavier of the fee of 61.25 for the years we were dissolved. After the non-profit corporation was formed nothing was done with it, as we moved out of the State, due to a death in the family. I did not have a change of address on file with the post office and we never did receive any annual report forms. I was unaware that I still needed to file any forms. Your consideration on this matter would be greatly appreciated.

Thank You

A handwritten signature in black ink, appearing to read 'Jonathan C. Fringer', written in a cursive style.

Jonathan C. Fringer
President