

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP 23 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800007980278--3
-09/24/02--01030--029
****300.00 ****300.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 800 0000 20868

1. Corporation Name

Wild Sun, Inc

2. Principal Office Address

11250 Hernando Rd.

Suite, Apt. #, etc.

City & State

North Port FL

Zip

34287

Country

SARASOTA

3. Mailing Office Address

4509 Bee Ridge Rd

Suite, Apt. #, etc.

C

City & State

SARASOTA FL

Zip

34233

Country

SARASOTA

4. Date Incorporated or Qualified
To Do Business in Florida

2/24/00

5. FEI Number

65-0983379

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

MARK Coleman

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

11250 Hernando Rd.

Suite, Apt. #, Etc.

City

North Port FL 34287

State

FL

Zip Code

34287

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9-17-02

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
<u>Pres</u>	<u>Mark Coleman</u>	<u>11250 Hernando Rd.</u>	<u>N Port FL 34287</u>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-17-02

Date

941-371-0008

Daytime Phone #

CR2E081 (9/01)

js 9/23/02

Sept. 17, 2002

Fl. Dept. of State:

Regarding Wild Sun Inc,
FEI # 65-0983379 and the
corporate dues/report may
have been lost in the
shuffle of preparing the
2510 Northway Dr. Venice FL
house for sale, the packing
and the eventual move.

It would have never been
avoided intentionally.

Please find enclosed
check #2787 in the required
amount of \$300.⁰⁰ for the
reinstatement.

Thank you.

Respectfully,

