

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000107562

1. Corporation Name

WILDLIFE FEATURES ENTERTAINMENT, INC.

Principal Place of Business

Mailing Address

13727 S.W. 152 ST. SUITE 273
MIAMI FL 33177

13727 S.W. 152 ST. SUITE 273
MIAMI FL 33177

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/2000

5. FEI Number

651055909

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1000004703751-9

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

-12/04/01-01034-004

City, State, Zip

VPD

TOM, ANDRE LEE

887 NW 133RD AVE.

PEMBROKE PINES FL 33028

VPD

BRUCE, ROBERT

13727 S.W. 152 ST. SUITE 273

MIAMI FL 33177

PD

HARRIS, GARY

701 NW 93 AVE

PETIBROKE PINES, FL 33024

VPD

HARRIS, CARL

701 NW 93 AVE

PETIBROKE PINES, FL 33024

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRUCE, ROBERT

13727 S.W. 152 ST. SUITE 273

MIAMI FL 33177

Name

Andre Lee Tom

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

887 NW 133rd Avenue, #273

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33024

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Andre Lee Tom

REGISTERED AGENT MUST SIGN

Date

11/12/01

11. 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:

Andre Lee

Tom

Andre Lee Tom

11/12/01

954 292 8753

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)

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October 29, 2001

Robert Bruce
Wildlife Features Entertainment, Inc.
13727 SW 152 Street, #273
Miami, FL 33177

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document Number P00000107562/Wildlife Features Entertainment, Inc.

To Whom it May Concern:

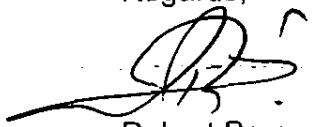
We are in receipt of the Notice of Administrative Dissolution or Revocation of Wildlife Features Entertainment, Inc.

However, we did not receive a corporation annual report/uniform business report this year (neither first or second notice).

Therefore, we as advised by your office to submit this letter along with the enclosed payment in the amount of \$150.00 for the original amount due.

Your attention to this matter is sincerely appreciated.

Regards,



Robert Bruce
Registered Agent