PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR 16 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P00000107562

1. Corporation Name
Wildlife Features Entertainment Inc.

REINSTATEMENT 01-02

2. Principal Office Address	**3.** Mailing Office Address
13727 SW 152nd ST	13727 SW 152nd ST
Suite, Apt. #, etc. # 273	Suite, Apt. #, etc. # 273
City & State Miami, FL.	City & State Miami, FL.
Zip 33177 Country U.S.A.	Zip 33177 Country USA.

4. Date Incorporated or Qualified To Do Business in Florida NOV. 17, 2000

5. FEI Number 65-1055909 ☐ 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

500005449825--3
-05/03/02--01052--012
****900.00 ****900.00

Name: GARY S. HARRIS

Street Address (P.O. Box Number is Not Acceptable): 701 NW 93 AVE

Suite, Apt. #, Etc.:

City: Pembroke Pines | State: FL | Zip Code: 33024

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: Gary Harris — Date: 4/9/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
P	Andre Lee Tom	13727 SW 152nd ST #273	Miami, FL 33177
V	Robert Bruce	13727 SW 152nd ST. #273	Miami, FL 33177

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: — 4/9/02 Date — (954) 292-8753 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR