

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 NOV -1 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000021924**

1. Corporation Name

**WOLFHOUND INC.**

Principal Place of Business

6440 METROWEST BLVD., #427  
ORLANDO FL 32835

Mailing Address

6440 METROWEST BLVD., #427  
ORLANDO FL 32835



REINSTATEMENT *02*

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

4. Date Incorporated or Qualified  
To Do Business in Florida

03/15/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3710390

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	O'TOOLE, ADRIAN J	6440 METROWEST BLVD., #427	ORLANDO FL 32835

800008753048

11/01/02--01026--024 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

(Adrian)  
O'TOOLE, ADRIAN J  
6440 METROWEST BLVD., #427  
ORLANDO FL 32835

Name **Adrian J O'Toole**  
Street Address (P.O. Box Number is Not Acceptable)  
**6440 Metrowest Blvd**  
Suite, Apt. #, Etc. **427**  
City **Orlando** State **FL** Zip Code **32835**

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **10-28-02**

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10-28-02**

CR2E040 (8/02)