

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000030093

1. Entity Name
WILDFLOWER, INC.



Principal Place of Business
~~1023 MARLIN LAKES CIRCLE~~
~~APT 1121~~
SARASOTA, FL 34232

Mailing Address
~~1343 MAIN ST.~~
~~SUITE 303~~
SARASOTA, FL 34442-31

2. Principal Place of Business
7286 S. TAMiami TR L

3. Mailing Address
7286 S. TAMiami TR L

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SARASOTA - FL

City & State
SARASOTA FL

Zip 34231

Country
SARA

Zip 34231

Country
SARASOTA

4. FEI Number
59-3714724

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BETHEL, ERIC C
7286 S. TAMiami TR.
SARASOTA, FL 34231

7. Name and Address of New Registered Agent

Name

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

5080 Creekside Trail

City Sarasota

FL

Zip Code 34243

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BETHEL, CELESTINA
STREET ADDRESS 5080 CREEKSIDE TR.
CITY-ST-ZIP SARASOTA, FL 34243

TITLE D ☐ Delete
NAME BETHEL, ERIC C
STREET ADDRESS 7286 S. TAMiami TR.
CITY-ST-ZIP SARASOTA, FL 34231

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 100055329231
STREET ADDRESS 05/25/05--01038--021 **308.75
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 2025 CASS WAY #4
STREET ADDRESS SARASOTA FL 34231
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 941-929-1570

Date

Daytime Phone #

FILED
05 MAY -2 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 04-05

WOP