

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 JUN 25 AM 4:36

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 65-1140352 P01000092957

1. Corporation Name

Wild Iris, Inc.

**REINSTATEMENT**

05-09

400157767804

06/25/09--01004--015 \*\*750.00  
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

626 Grinnell St

Suite, Apt. #, etc.

3. Mailing Office Address

626 Grinnell St

Suite, Apt. #, etc.

City & State

Key West, Florida

City & State

Key West, Florida

Zip

33040

Country

Monroe

Zip

33040

Country

Monroe

4. Date Incorporated or Qualified  
To Do Business in Florida

09/24/2001

5. FEI Number

65-1140352

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

Michele P. Cote

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

626 Grinnell St,

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Michele P. Cote

REGISTERED AGENT MUST SIGN

Date 06/23/2009

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
President	Michele P. Cote	626 Grinnell St	Key West / FL / 33040

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 contained in Chapter 119, 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:

Michele P. Cote  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/23/2009 305295-8040  
Date Daytime Phone #