

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



100024084651
10/24/03--01033--015 **150.00

DOCUMENT # P01000092957

1. Corporation Name

WILD IRIS, INC.

Principal Place of Business

725 WHITE STREET
KEY WEST FL 33040

Mailing Address

725 WHITE STREET
KEY WEST FL 33040

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

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. 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
MS	COTE, MICHELE P PRES.	160 SUGARLOAF DRIVE	SUGARLOAF KEY FL 33042

8. Name and Address of Current Registered Agent

COTE, MICHELE P
725 WHITE STREET
KEY WEST FL 33040

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

10-22-03

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.

Michele P. Cote

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-22-03 (305) 294-7381

CR2E040 (7/03)



Dear Glenda E. Hood,

October 22, 2003

Please reinstate my corporation, Wild Iris, Inc., with FEI number 65-1140352. I never received the form to pay my annual fee. I also was away from the office, moving my Mother, for a week.. So sorry to be slow in getting this returned to you.

Sincerely,

Michele P Cote, President