

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**  
**Mar 18, 2005**  
**Secretary of State**

DOCUMENT# P02000013356

Entity Name: SAFARI SAFARI CORP.

**Current Principal Place of Business:**

PMB 354  
1093 A1A BEACH BLVD.  
ST. AUGUSTINE, FL 320806733

**New Principal Place of Business:**

3936 S. SEMORAN BLVD.  
#1308  
ORLANDO, FL 32822 US

**Current Mailing Address:**

PMB 354  
1093 A1A BEACH BLVD.  
ST. AUGUSTINE, FL 320806733

**New Mailing Address:**

3936 S. SEMORAN BLVD.  
#1308  
ORLANDO, FL 32822 US

FEI Number: 03-0388495

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEGALZOOM NEVADA INC  
44 W. FLAGLER ST.  
SUITE 675  
MIAMI, FL 33130 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: SHANA SUSMAN

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WILES, MICHAEL  
Address: PMB 354 - 1093 A1A BEACH BLVD  
City-St-Zip: SAINT AUGUSTINE, FL 32080

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WILES, MICHAEL  
Address: 3936 S. SEMORAN BLVD.  
City-St-Zip: ORLANDO, FL 32822

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL WILES

PD

03/18/2005

Electronic Signature of Signing Officer or Director

Date