

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 14 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

DOCUMENT # P02000134902

1. Corporation Name

WILD IMPORTS, INC.

Principal Place of Business

P.O. Box 740732  
7377 ASHLEY SHORES CIRCLE  
LAKE WORTH FL 33467

Mailing Address

7377 ASHLEY SHORES CIRCLE P.O. Box 740732  
LAKE WORTH FL 33467 Boynton Bch. FL  
33474



200023781132  
10/14/03--01018--013 \*\*150.00

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

12/26/2002

5. FEI Number

04-3624512

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	BUGALO, GUS	7377 ASHLEY SHORES CIRCLE P.O. Box 740732	LAKE WORTH FL 33467 BOYNTON Bch, FL 33474

8. Name and Address of Current Registered Agent

MCGOEY, MICHAEL J  
200 N. SEAGREST BLVD. 639 E. OCEAN AVE.  
BOYNTON BEACH FL 33435

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]*

REGISTERED AGENT MUST SIGN

Date

10/9/03

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.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-03

Date

Daytime Phone #

CR2E040 (7/03)

**MICHAEL J. McGOEY CPA, INC.**

**639 EAST OCEAN AVENUE, SUITE 101**

**BOYNTON BEACH, FL 33435**

**(561) 734-8599**

**Fax (561) 734-8544**

**mjmgoey@aol.com**

October 9<sup>th</sup>, 2003

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

**RE: WILD IMPORTS, INC. #P02000134902**

Dear Sir/Madam:

The above client has moved from the address on file, and never received the original packet to pay the yearly fee for the corporation. He is going through a divorce and mail addressed to the corporation was never forwarded.

Enclosed is a check #1042 for \$150.00, and are asking that you abate all penalties and to kindly reinstate the corporation.

Thanking you in advance for your prompt attention to this matter, if we can be of further assistance to you please feel free to contact us.

Sincerely,



Michael J. McGoe CPA

Enclosures