


2005 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P03000048486 1. Entity Name WILD NIGHTS INTERNATIONAL, INC. |  |
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FILED
05 OCT 31 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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| Principal Place of Business 3109 PASTURES ROAD KISSIMMEE, FL 34746 | Mailing Address 3109 PASTURES ROAD KISSIMMEE, FL 34746 |
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|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

10272005 REIN-P CR2E098 (6/04)

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| 4. FEI Number 56-2374193 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent HUNTER, GLEN 3109 PASTURES ROAD KISSIMMEE, FL 34746 | 7. Name and Address of New Registered Agent |
| | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | City FL Zip Code |

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.

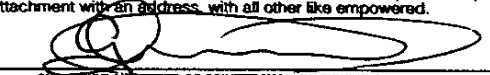
SIGNATURE:  DATE: 10/24/05

(NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HUNTER, GLEN 3109 PASTURES ROAD KISSIMMEE, FL 34746 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  **GLEN HUNTER** DATE: 10/24/05 DAYTIME PHONE #: 407 709 1912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #