

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 JUL 23 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P03000119825**

**1. Corporation Name**

Running Wild Ventures, Inc.

819 W. Blount Street  
819 W. Blount Street

**2. Principal Office Address**

819 W. Blount Street

**3. Mailing Office Address**

819 W. Blount Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32501

Country

Escambia

Zip

32501

Country

Escambia

**4. Date Incorporated or Qualified**

To Do Business in Florida 10-21-2003

**5. FEI Number**

59-3657692

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

James W. King, Jr.

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

945 W. Michigan Ave

Suite, Apt. #, Etc.

5-B

City

Pensacola

State

FL

Zip Code

32505

**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

Date

REGISTERED AGENT MUST SIGN

**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
<del>P</del>	<del>Alesia Kafeety</del> KAFEETY	819 W. Blount Street	Pensacola, FL 32501
VP	Joni De Rome	819 W. Blount St.	Pensacola, FL 32501

**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 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:**

*Alesia Kafeety*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/23/04

Daytime Phone #

850 432-8100

CR2E081 (01/04)