

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000013837

1. Corporation Name

out of the wild, Inc.

2. Principal Office Address - No P.O. Box #

8127 Camella Ln.

3. Mailing Office Address

8127 Camella Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33647

Country

USA

Zip

33647

Country

USA

7. Name and Address of Current Registered Agent

Name

Matthew C. Lobel

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

8127 Camella Ln.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33647

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

Matt Lobel

REGISTERED AGENT MUST SIGN

Date 3-10-10

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
P	Matthew C. Lobel	8127 Camella Ln	Tampa, FL 33647

10. E-mail Address: elobel@sparrowia.com

(To be used for future annual report notification)

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. I further certify, 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:

Matt Lobel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-10-10 (813) 805-8412

Daytime Phone #

FILED

10 MAR 15 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200172222982

03/15/10--01060--022 **600.00

REINSTATEMENT 07-10

4. Date Incorporated or Qualified
To Do Business in Florida

1-30-2006

5. FEI Number

22-3920842

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.