

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2020 FEB 10 AM 9:52

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**

DOCUMENT # P07000058863

1. Corporation Name

Wildwood Consulting, Inc.

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

69 S. Dixie Hwy

Suite, Apt. #, etc

Suite B

City & State

Saint Augustine

Zip

32084

Country

USA

3. Mailing Office Address

69 S. Dixie Hwy

Suite, Apt. #, etc.

Suite B

City & State

Saint Augustine

Zip

32084

Country

USA

400840527344
02/10/20--01009--010 **750.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida **2007**

5. FEI Number
26-0190265

☐ 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

Robert Fields

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

413 Saint Johns Ave

Suite, Apt. #, Etc.

City

Palatka, FL

State

FL

Zip Code

32177-4724

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

REGISTERED AGENT MUST SIGN

Date **2-6-20**

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	Tiffany L. Busby	69 S. Dixie Hwy, Suite B	Saint Augustine, FL 32084

T MOORE
FEB 11 2020

10. E-mail Address: TLBusby@wildwoodconsulting.net

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Tiffany L. Busby
TIFFANY L. BUSBY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-797-2721