

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

1998 FEB -4 PM 12: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000017571

1. Corporation Name

Willie the Hippo, Inc.

Principal Place of Business

Mailing Address

*902 Cypress Terrace
Pompano Beach, Fla 33069*

*902 Cypress Terrace
Pompano Beach, Fla 33069*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4852 S.E. MARINER Village Lane

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4852 S.E. MARINER Village Lane

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business In Florida

5. FEI Number

65-0392242

Applied For

Not Applicable

City & State

STUART, FLORIDA

City & State

STUART, Fla

Zip

34997

Country

U.S.A.

Zip

34997

Country

U.S.A.

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<i>PSY</i>	<i>Guillermo J. Behrens</i>	<i>4852 S.E. MARINER Village Lane</i>	<i>STUART, Fla. 34997</i>
			<i>100002427121--4</i>
			<i>02/10/98 01087 018</i>
			<i>***1350.00 ***1350.00</i>

REINSTATEMENT

*94-98
100
2/14/98*

8. Name and Address of Current Registered Agent

*Guillermo J. Behrens
902 Cypress Terrace
Pompano Beach, Fla 33069*

9. Name and Address of New Registered Agent

Name *Guillermo J. Behrens*
Street Address (P.O. Box Number is Not Acceptable) *4852 S.E. MARINER Village Lane*
Suite, Apt. #, Etc.
City *STUART* State **FL** Zip Code *34997*

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.

Signature of
Registered Agent

Guillermo J. Behrens (Guillermo J. Behrens) Date *1/31/98*

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Guillermo J. Behrens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

JAN 31, 98
Date

(561) 221-0512
Daytime Phone #

CR2E040 (12/96)