

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 OCT 19 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000062918**

1. Corporation Name

POW WOW, INC.

Principal Place of Business

1947 LEE RD
WINTER PARK FL 32789
US

Mailing Address

1947 LEE RD
WINTER PARK FL 32789
US

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

2 New Principal Office Address, If Applicable
136 Vista Oak Dr
Suite, Apt. #, etc.

City & State
Longwood, Florida

Zip
32779

Country
USA

3. New Mailing Office Address, If Applicable
136 Vista Oak Dr.
Suite, Apt. #, etc.

City & State
Longwood, Florida

Zip
32779

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

08/25/1994

5. FEI Number

59-3359105

Applied For

Not Applicable

6. **CERTIFICATE OF STATUS DESIRED** ☒ **\$8.75** 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	SKALKO, JAMES	136 Vista Oak Dr. 1947 LEE RD	Longwood, FL 32779 WINTER PARK FL
			600003029206--8 -10/29/99--01057--007 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARONOFF, LEN
1947 LEE RD
WINTER PARK FL 32789

Name James Skalko
Street Address (P.O. Box Number is Not Acceptable)
136 Vista Oak Drive.
Suite, Apt. #, Etc.

City	State	Zip Code
Longwood	FL	32779

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

REGISTERED AGENT MUST SIGN

Date 10/15/97

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 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

~~James Skalko~~

10/15/99 (407) 333-3383

Date _____

Daytime Phone #