PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 96

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

APPROVED AND FILED
96 OCT 30 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
100001997271--9
-11/06/96--01025--008
*****375.00 *****375.00

DOCUMENT # P95000078835

1. Corporation Name

WILDE RESTAURANTS, INC.

Principal Place of Business	Mailing Address
12706 TUCANO CIRCLE BOCA RATON FL 33428	12706 TUCANO CIRCLE BOCA RATON FL 33428

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
395 SPANISH RIVER RD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON FLORIDA	City & State
Zip: 33431 Country: PALM BEACH County	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 10/13/1995

5. FEI Number: 65-0615728 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
PRES	DARRELL WILDE	12706 TUCANO CRCL	BOCA RATON FLA 33428

REINSTATEMENT 1996

8. Name and Address of Current Registered Agent

WILDE, DARRELL M
12706 TUCANO CIRCLE
BOCA RATON FL 33428

9. Name and Address of New Registered Agent 10-30-96

Name: DARRELL WILDE
Street Address (P.O. Box Number is Not Acceptable): 12706 TUCANO CRCL
Suite, Apt. #, Etc.:
City: BOCA RATON State: FL Zip Code: 33428

CR2E043 (7/96)

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: SIGNATURE REQUIRED Date: 10/1/96

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: SIGNATURE REQUIRED 10/1/96 477 8025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E043 (7/96) AP

State of Florida
Department of State

CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

The below named corporation having failed to file its 1996 corporation annual report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked effective August 23, 1996.

Corporation Name: WILDE RESTAURANTS, INC.

Document Number: P95000078635

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this the 23rd day of August, 1996.

Sandra B. Mortham

Sandra B. Mortham
Secretary of State

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
FLORIDA DIVISION OF CORPORATIONS

[redacted]

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TO: WILDE RESTAURANTS, INC.
12706 TUCANO CIRCLE
BOCA RATON FL 33428-4760