

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 10 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000024959**

1. Corporation Name

**2463000031716**

2. Principal Office Address

**8907 S. Indian R. Drive**

Suite, Apt. #, etc.

3. Mailing Office Address

**8907 S. Indian R. Dr.**

Suite, Apt. #, etc.

City & State

**Ft. Pierce, FL**

Zip

**34982**

Country

**USA**

City & State

**Ft. Pierce, FL**

Zip

**34982**

Country

**USA**

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

**1996**

5. FEI Number

**65-065-2182**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **1**

**\$9.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

**Dr. Valerie C. Bryan - (winner)**

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

**8907 S. Indian River Drive**

Suite, Apt. #, Etc.

City

**Ft. Pierce, FL**

State

**FL**

Zip Code

**34982**

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

**Valerie C. Bryan (- winner)**  
REGISTERED AGENT MUST SIGN

Date **10/24/03**

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
PT SC	Valerie C. Bryan (- winner)	8907 S. Indian R. Dr. Ft. Pierce, FL 34982	Ft. Pierce FL 34982

10. 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:

**Dr. Valerie C. Bryan (- winner), CEO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/24/03**  
Date

**954-  
592-3224**  
Daytime Phone #

CR2E081 (10/02)

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Department of State  
Division of Corporations  
P.O.Box 6327  
Tallahassee, FL 32314

October 22, 2003

PG6000024959

Dear Sirs:

I was informed that my corporation was no longer active. I have received no notice to this effect or request for any kind of fees that I know of. I attempted to go online to determine what I needed to do and could not obtain the information.

I contacted my tax accountant and they informed me that there was some form that I should have received in the mail requesting a fee of \$150. I did not receive such a form, but I also have not been receiving other materials for the corporation from the state level since I moved to my new address.

My corporation is Wild Horses Consulting, Inc., 8907 S. Indian River Drive, Fort Pierce, FL 34982, FEIN 65-0652182.

I have been submitting my Florida Intangible Tax Return as requested. My confirmation number for this year is #0306110110.

Please forward any forms I need to reinstate my corporation to the following fax number: 772-878-2575. I am sending the fee in an envelope in hopes that this matter can be corrected quickly.

Sincerely,

A handwritten signature in cursive script, appearing to read "Valerie C. Bryan", is written over a horizontal line.

Dr. Valerie C. Bryan (-wunner)  
CEO, Wild Horses Consulting, Inc.  
954-592-3224

check # 1141