

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # **P96000072337**

1. Corporation Name

**WILD TRADER, INC.**

Principal Place of Business

Mailing Address

**7085 CR 214  
MELROSE FL 32666**

**P.O. BOX 1309  
MELROSE FL 32666**

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

2. New Principal Office Address, If Applicable

**11723 NE HWY 301**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**P.O. Box 989**

Suite, Apt. #, etc.

City & State

**WALDO, FL.**

City & State

**WALDO, FL.**

Zip

**32694**

Country

Zip

**32694**

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida

**08/28/1996**

5. FEI Number

**59-3398487**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$5.75 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
<b>D</b>	<b>SMITH, JESSIE</b>	<b>7085 CR 214</b>	<b>MELROSE FL 32666</b>

**100002824611 - 3  
-03/31/99 -01004 -010  
\*\*\*908.75 \*\*\*908.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<b>SMITH, JESSIE A 7085 CR 214 MELROSE FL 32666</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
State	Zip Code
<b>FL</b>	

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]*  
REGISTERED AGENT MUST SIGN

Date **3-9-99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-9-99**

**352-468-1149**

Date

Telephone #

CR2E040 (9/98)