


PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 NOV -5 AM 9:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>PA1000003294</u>					
1. Corporation Name SOMETHING WILD, INC.					
2. Principal Office Address 603 CENTRAL FL PKWY			3. Mailing Office Address 603 CENTRAL FL PKWY		
Suite, Apt. #, etc. STE 104			Suite, Apt. #, etc. STE 104		
City & State ORLANDO, FL			City & State ORLANDO, FL		
Zip 32824	Country ORANGE	Zip 32824	Country ORANGE	4. Date Incorporated or Qualified To Do Business in Florida <u>8/29/96</u>	
5. FEI Number 59-3399557				REINSTATEMENT 2001	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Add for a Cer	

7. Name and Address of Current Registered Agent		
Name K.S. BEDI		
Street Address (P.O. Box Number is Not Acceptable) 603 CENTRAL FL PARKWAY		
Suite, Apt. #, Etc. SUITE 104		
City ORLANDO	State FL	Zip 32824

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

K. Bedi

REGISTERED AGENT MUST SIGN

Date 10/31/01

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
P	K.S. BEDI	603 CENTRAL FL PKWY #104	ORLANDO FL 32824

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:

K. Bedi

K.S. BEDI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/01

Date

407-855-7786

Daytime Phone #