

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000073294

1. Entity Name  
SOMETHING WILD, INC.



FILED

06 NOV -3 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
603 CENTRAL FL. PKWY  
SUITE 104  
ORLANDO, FL 32824

Mailing Address  
% RUSSI  
7575 DR PHILLIPS BLVD, SUITE 320  
ORLANDO, FL 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10042006

REIN-P

CR2E098 (11/05)

4. FEI Number

68-3399557

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEDI, K.S.  
603 CENTRAL FL. PKWY  
SUITE 104  
ORLANDO, FL 32824

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/25/06

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
BEDI, K.S.  
603 CENTRAL FL. PKWY, #104  
ORLANDO, FL 32824 ☐ Delete

TITLE  
NAME  
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CITY - ST - ZIP  
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200091503342  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

KAWA PAL S. BEDI

10/25/06

4078557786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #