

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -5 PM 3:44

DOCUMENT # **P97000006383**

1. Corporation Name

WILD PALM ENTERPRISES, INC.

2. Principal Office Address

13956 LAKE LURE CT.

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL

Zip

33014

Country

USA

3. Mailing Office Address

13956 LAKE LURE CT

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL

Zip

33014

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

01-22-97

5. FEI Number

656722843

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JUAN RAFAEL ALBERTO

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

13956 LAKE LURE CT.

Suite, Apt. #, Etc.

City

MIAMI LAKES

State
FL

Zip Code

33014

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

J.R. Alberto

REGISTERED AGENT MUST SIGN

Date

02-27-01

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
PT	JUAN RAFAEL ALBERTO	13956 LAKE LURE CT	MIAMI LAKES FL 33014
VS	OFELIA ALBERTO	13956 LAKE LURE CT	MIAMI LAKES FL 33014

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:

J.R. Alberto PRESIDENT

Date

02-27-01

Daytime Phone #

305-827-8086

CR2ED01 (9/00)