

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAY 25 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P970000009933**

1. Corporation Name

Wild Orchid Adult Video Megacenter, Inc.

Principal Place of Business

9921 Adamo Drive
Tampa, FL 33619

Mailing Address

25 Second Street North
Suite 220
St. Petersburg, FL 33701

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

25 Second Street N.

Suite, Apt. #, etc.

#220

City & State

St. Petersburg, FL

Zip
33701

Country
U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

1/27/97

5. FEI Number

59-3427738

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-00

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
P/S/T Dir.	Dean Tyler	310 Coffee Pot Riviera NE	St. Petersburg, FL 33704
Dir.	Gary Wheeler	7810 10th Avenue South	St. Petersburg, FL 33707

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-06/21/00--01082--004
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

B. Gray Gibbs
100 Second Avenue South, Suite 704
St. Petersburg, FL 33701

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

B. Gray Gibbs

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes 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:

Gary Wheeler

SIGNATURE AND TYPED OR PRINTED NAME OF

Gary Wheeler, Director

Date

117 867-5300

Daytime Phone #

CR2E081 (12/98)