

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 15 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 of 2

DOCUMENT # P97000014381

1. Corporation Name

THE WILD ORCHID

2. Principal Office Address

3062 Grand Ave

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

3

Country

USA

3. Mailing Office Address

3062 Grand Ave

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33133

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3-10-97

5. FEI Number

65-057311-3210-5

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

Jane Flaherty

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

601 94th St.

Suite, Apt. #, Etc.

300005338473-8

-04/25/02--01004--024

****450.00 ****450.00

City

MIAMI

State
FL

Zip Code

33154

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

Jane Flaherty

REGISTERED AGENT MUST SIGN

Date 3/12/02

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
Pres.	Jane Flaherty	601 94th St. Miami 33154	
Secy. Treas.	Rosemarie Flaherty	120 Egret Dr.	Jupiter, FL 33458

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:

Jane Flaherty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02 305.865.5831

Date

Daytime Phone #

20f2

March 12, 2002

To Whom It May Concern:

The Wild Orchid Inc., located at 3062 Grand Ave. Miami, FL 33133 had not received the annual business report form due to an incorrect mailing address. I apologize for not realizing this sooner. I called your offices and they confirmed with me that they had been mailing it to another address. Please waive the late fees and accept my reinstatement, times are very difficult right now and I am not even sure I could come up with another hundred dollars. Thank-you for your time.

Sincerely,



Jane Flaherty
President

Please see attached corp. reinstatement form.



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 2, 2002

THE WILD ORCHID, INC.
3062 GRAND AVENUE
MIAMI, FL 33133 US

SUBJECT: THE WILD ORCHID, INC.
Ref. Number: P97000014381

We have received your document for THE WILD ORCHID, INC. and check(s) totaling \$450.00. However, your check(s) and document are being returned for the following:

The Federal Employer Identification number is comprised of nine digits. Please amend your document accordingly. ✓

Please list the title(s) of each officer in your document. ✓

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell
Document Specialist

Letter Number: 502A00019390

*Thank you
Barbara!
(Changes &
Corrections
have been
made.)*