

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherin Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY -2 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000018295**

1. Corporation Name

Wildwood Leasing, Inc.

2. Principal Office Address

5525 Sardinia St.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33146

Country

USA

3. Mailing Office Address

5525 Sardinia St.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33146

Country

USA

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

Feb 25, 1998

5. FEI Number

65-0831578

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

Esther Castleman

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

5525 Sardinia St.

Suite, Apt. #, Etc.

City

Coral Gables

000004287380-2

-05/22/01--01074--001

*****300.00 ****300.00*

LS

State

FL

Zip Code

33146

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

Esther Castleman

Date

4/10/01

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
<i>Pres.</i>	<i>Esther Castleman</i>	<i>5525 Sardinia St.</i>	<i>Coral Gables, FL 33146</i>

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:

Esther Castleman President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Date

(305) 669-8546

Daytime Phone #

CR2E081 (9/00)