

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 AUG 28 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000019079

**1. Corporation Name**

WILD HAT, INC.

**2. Principal Office Address**

11401 PINES BLVD

Suite, Apt. #, etc.  
680

**City & State**

PEMBROKE PINES, FL

**Zip**

33026

**Country**

BROWARD

**3. Mailing Office Address**

11401 PINES BLVD

Suite, Apt. #, etc.  
680

**City & State**

PEMBROKE PINES, FL

**Zip**

33026

**Country**

BROWARD

300004586353-4  
-09/13/01--01002--011  
\*\*\*\*300.00 \*\*\*\*300.00

2000-2001 UBR

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

**5. FEI Number**  
65-0855759

**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**

AZANI, IGAL

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

11401 PINES BLVD

Suite, Apt. #, Etc.  
680

**City**

PEMBROKE PINES

**State**  
FL

**Zip Code**  
33026

**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**

*[Signature]*  
REGISTERED AGENT MUST SIGN

**Date** 08-24-2001

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip       |
|--------|--------------------------------------|---|--------------------------|
| PS     | AZANI, IGAL                          | 11401 PINES BLVD #680                             | PEMBROKE PINES, FL 33026 |
|        |                                      |   |                          |
|        |                                      |   |                          |
|        |                                      |   |                          |
|        |                                      |   |                          |
|        |                                      |   |                          |

**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:** IGAL AZANI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date** 8/24/01 **Daytime Phone #** (954) 925-4860

Attachment Doc # P98000019079205

**JACOB KALMOWICZ, CPA**

2500 HOLLYWOOD BLVD. STE 406  
HOLLYWOOD, FL 33020

Phone 954-925-4060  
Fax 954-927-4284

August 24, 2001

DEPT. OF STATE  
PO BOX 1500  
TALLAHASSEE, FL 32302-1500

RE: WILD HAT, INC.  
P98000019079

PER TELEPHONE CONVERSATION, ATTACHED IS OUR CHECK IN THE AMOUNT OF \$300.00 FOR THE REINSTATEMENT OF THE ABOVE CORPORATION. PLEASE ABATE OTHER FEES AS THE RENEWAL NOTICE WAS RETURNED TO THE DEPARTMENT BY THE POST OFFICE.

THANK YOU,

  
JACOB KALMOWICZ, CPA