

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 JAN 24 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000086374

1. Corporation Name

WILDSTYLE ENTERTAINMENT, INC.

Principal Place of Business

Mailing Address

1283 RAYMOND TUCKER ROAD  
TALLAHASSEE FL 32311

P.O. BOX 7613  
TALLAHASSEE FL 32314

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

2. New Principal Office Address, If Applicable  
1424 N.W. Capt. C.L.

3. New Mailing Office Address, If Applicable  
1424 N.W. Capt. C.L.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Tallahassee Fla.

City & State  
Tallahassee Fla.

Zip  
32311  
Country  
Leon

Zip  
32304  
Country  
Leon

4. Date Incorporated or Qualified To Do Business in Florida

10/08/1998

5. FEI Number

59-3316721

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
			400003118814--3 -02/01/00--01086--027 ****150.00 ****150.00
			400003118814--3 -02/01/00--01086--028 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

WILLIAMS, WILLIE H  
1283 RAYMOND TUCKER ROAD  
TALLAHASSEE FL 32311

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

*[Signature]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12-16-99

11. 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:

*[Signature]*  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-99 850-874-3631  
Date Daytime Phone #

KE

CR2E040 (8/99)