

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

**CORPORATION  
REINSTATEMENT**



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

02 JUN -4 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000086374

1. Corporation Name

Wildstyle Entertainment, Inc.

2. Principal Office Address

1424 Capital Circle NW

Suite, Apt. #, etc.

3. Mailing Office Address

1424 Capital Circle NW

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

Country

32303 USA

Zip

Country

32303 USA

4. Date Incorporated or Qualified To Do Business in Florida

10/98

5. FEI Number

59-3583295

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

Thomas Chapman

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

1424 Capital Cir NW

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

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

REGISTERED AGENT MUST SIGN

Date 5/29/02

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
<u>CEO</u>	<u>Willie Williams</u>	<u>1283 Raymond Tucker Rd</u>	<u>Tallahassee, FL 32311</u>
<u>President</u>	<u>Thomas Chapman</u>	<u>1845 Rodeo Dr.</u>	<u>Tallahassee, FL 32311</u>

800005676828--8  
-06/04/02--01018--001  
\*\*\*\*\*18.00 \*\*\*\*\*8.75  
000005676830--2  
-06/04/02--01007--003  
\*\*\*300.00 \*\*\*300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

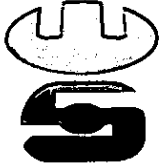
5/29/02

Date

850-878-3634

Daytime Phone #

11/01/02/02/02/02



## **Wildstyle Music & More**

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1424 Capital Circle NW Tallahassee, FL 32303 • (850) 878-3634 • Fax (850) 877-3110 • email: [info@WildstyleRecords.com](mailto:info@WildstyleRecords.com)

May 29, 2002

Attn: Florida Department of State, Division of Corporations

The purpose of this letter is to request that you waive the incorporation reinstatement fee. We were assessed the fee due to a failure to file the appropriate papers. Unfortunately, those forms were never received and therefore, we were not able to file and should not be held liable.

Thank you,

Thomas Chapman, President  
Wildstyle Entertainment, Inc.