

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**APPLICATION  
FOR  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 OCT -9 PM 2:42

**DOCUMENT # P98000086374**

1. Corporation Name

**WILDSTYLE ENTERTAINMENT, INC.**

Principal Place of Business

Mailing Address

1424 CAPITAL CIRCLE NW  
TALLAHASSEE FL 32303  
US

1424 CAPITAL CIRCLE NW  
TALLAHASSEE FL 32303  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

700023923097  
10/20/03--01007--002 \*\*750.00  
**REINSTATEMENT** 03

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO	WILLIAMS, WILLIE	1283 RAYMOND TUCKER ROAD	TALLAHASSEE FL 32311
P	CHAPMAN, THOMAS	1845 RODEO DR	TALLAHASSEE FL 32311

8. Name and Address of Current Registered Agent

CHAPMAN, THOMAS  
1424 CAPITAL CIRCLE NW  
TALLAHASSEE FL 32303

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. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10/9/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/9/03

850-878-3634  
Daytime Phone #

CR2E040 (7/03)