

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11/2

Annual Report
02, 03, 04 + 05



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL 14 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S11803

1. Corporation Name

Wonderland, INC.

2. Office Address

6971 Stirling Road

3. Mailing Office Address

6971 Stirling Road

Suite, Apt. #, etc.

City & State

Davie, Florida

Davie, Florida

33314

Country USA

33314

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650223879

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

Michael Douglas

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

4140 N.W. 12th Street

Suite, Apt. #, Etc.

Landenhill,

City

Landenhill

State

FL

Zip Code

33313

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

Michael Douglas

Date

3/12/61

REGISTERED AGENT MUST SIGN

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
Pres	Linda Bruskin	3300 N. St. Rd 7 #15167 Hollywood, FL 33021	Hollywood, FL 33021

500057479805
07/14/05-01039-015 **500.00

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:

Linda Bruskin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/12/05 954-805-3717

Daytime Phone #

T. Lewis

CR2E081 (0-1/05)

3/12/05

Hello!

Please be Advised that
we never received Any
of the notices for renewal.

Thank you for your
Assistance.

Linda Greshin