## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

## **APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

V25324

1. Corporation Name

WILD CREATIONS, INC.

Principal Place of Business

Mailing Address

FILED

96 DEC 27 PH 12: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2016 NE 25TH STREET WILTON MANORS FL 33305			2016 NE 25TH STREET WILTON MANORS FL 33305					
If above as	ddresses are	incorrect in any way, line thro	ouah incorrect in	formation a	nd enter correction below.	REMS	I A LIVEN	TOND
				ng Office Address, If Applicable		4. Date Incom	orated or Qualified	THE RESERVE OF THE PARTY OF THE
Suite, Apt. #, etc. Sui			Suite, Apt. #,	Suite, Apt. #, etc.			·	3/25/1992
City & State			City & State		······································	5. FEI Number 65-0382191 Applied For Not Applicable		Applied For
Zip Country			Zip Country		Country	6. SS/5 Additional Febreautic		delighted and another and indicate and another than
					CERTIFICATE OF STATUS DESIRED			
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 2		Str Off 3 (Do NOT Us		Street Address of Eac Officer and/or Directo o NOT Use Post Office Box	ech ector ox Numbers) 4		late / Zip	
D	MADEJ, SHANNON			2016 NE 25TH ST			WILTON MANORS FL	
						3 (	0002046 -01/06/970 ****375.00	2817 )1011001 ****375.00
7							961	2-30-96
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent		
MADEJ, SHANNON 2016 NE 25TH STREET WILTON MANORS FL 33305						Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.		
					City State Zip Code			
10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.								
Signature o Registered	Agent	Stormon	COOLY.		QUIRED SIGN	<del></del>	Dato 12 16/0	16
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No (Soo other side for information on intangible tax.)								
this roin owed by	statoment ap y the corpora	officer or director or the recei plication, the reason for disso tion have been paid and the true and accurate, and my si	olution has been names of individ	eliminated, uals listed c	the corporate name satisfier on this form do not qualify fo	s the requirements ran exemption un	s of section 607.0401 or 617.0	0401, F.S., that all fees

954-230-2422