

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
~~REINSTATEMENT~~

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



DOCUMENT # **N02000004115**

1. Corporation Name

SAFARI TODD WILDLIFE PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

26205 E. COLONIAL DRIVE
CHRISTMAS FL 32709

2526 ALBANY DRIVE
KISSIMMEE FL 34758

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/29/2002

5. FEI Number

03-0448912

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
PD	HAWKSWORTH, ALAN	2526 ALBANY DRIVE	KISSIMMEE FL 34758
DT	HAWKSWORTH, LYNNE	2526 ALBANY DRIVE	KISSIMMEE FL 34758
VPD	DREVER, TODD	1765 COWAN DRIVE	TITUSVILLE FL 32796
S	DREVER, DAWN	1765 COWAN DRIVE	TITUSVILLE FL 32796

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAWKSWORTH, ALAN
2526 ALBANY DRIVE
KISSIMMEE FL 34758

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

REGISTERED AGENT MUST SIGN

Date

10/18

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

Alan Hawksworth

Date

Daytime Phone #

CR2E040 (7/03)



S.T.W.P.

2526 Albany Dr
Kissimmee FL 34759
Phone 321 624 9252

Division Of Corporations
Annual Report/Reinstatement
PO Box 6327
Tallahassee Fl 32314

FEI:

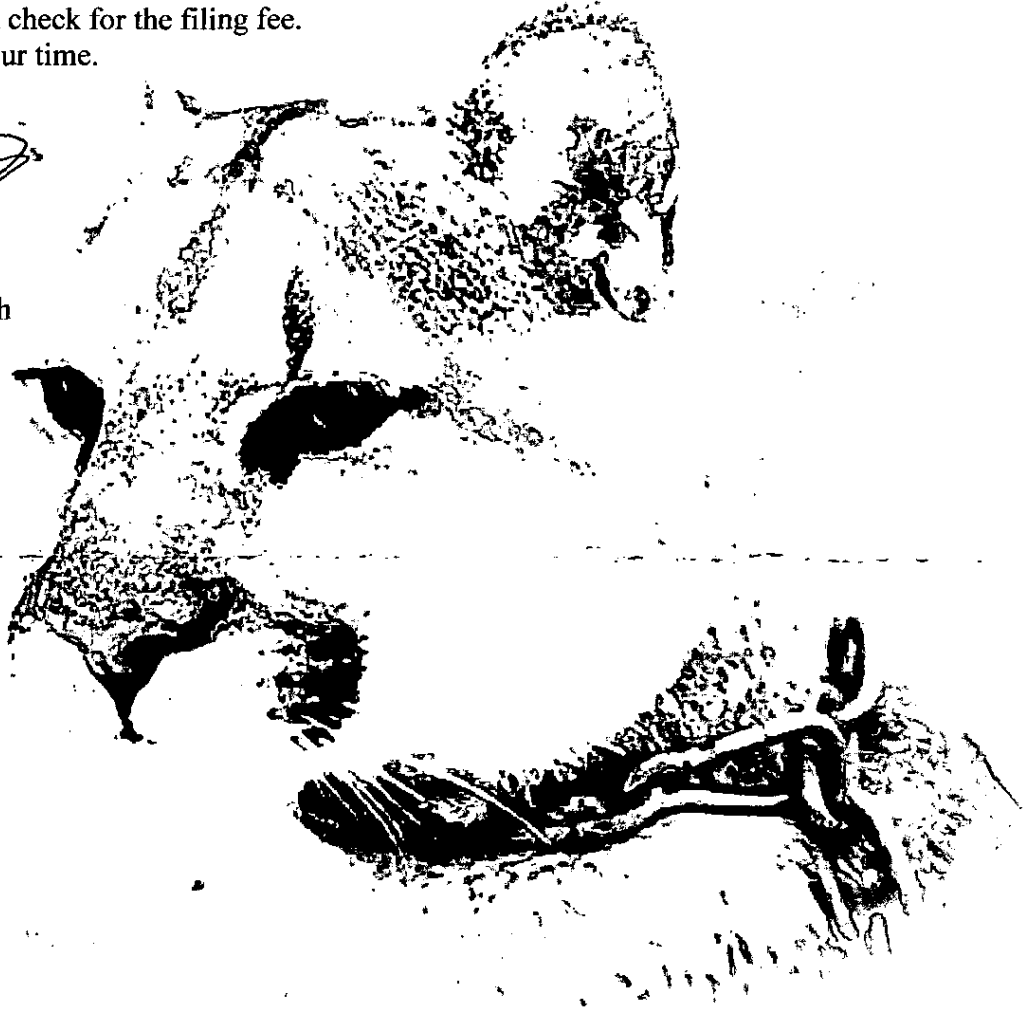
10/18/03

Dear Sir/Madam

We do not have any records of receiving any prior notices for the UBR.
I have enclosed a check for the filing fee.
Thank you for your time.

Yours truly

Alan Hawksworth



THE STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA