

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT -5 AM 5:20

DOCUMENT # P00000041019
1. Corporation Name
PERSONALLY YOURS, INC.

2. Principal Office Address *COURT* 3. Mailing Office Address
3600 CARTWRIGHT *SAME*
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
BONITA SPRINGS, FL
Zip Country Zip Country
34134 USA

REINSTATEMENT 01

4. Date Incorporated or Qualified To Do Business in Florida *4/25/00*
5. FEI Number *59-3631591* Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name *CAROL McPHERSON*
Street Address (P.O. Box Number is Not Acceptable) *3600 CARTWRIGHT COURT* *300004649373-7*
Suite, Apt. #, Etc. *-10/23/01-01024-009*
****750.00*** **750.00*
City *BONITA SPRINGS* State *FL* Zip Code *34134*

Signature of Registered Agent *Carol McPherson* Date *10/22/01*
REGISTERED AGENT MUST SIGN

8. 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.	<i>CAROL McPHERSON</i>	<i>3600 CARTWRIGHT CT</i>	<i>BONITA SPRINGS 34134</i>
TRIA.	"	"	"
V.P.	<i>DOUGLASS McPHERSON</i>	"	"
SEC.	"	"	"

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)(f), 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: *Carol McPherson* Date *10/2/01* Daytime Phone #