

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 SEP 14 AM 8:22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000072217 (8)

1. Corporation Name
LOOK UP REACH OUT ENTERPRISES, INC.

Principal Place of Business Mailing Address
325 Julia Street 325 Julia Street
Key West, FL 33040 Key West, FL 33040

REINSTATEMENT

97-98
 ad

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 | | 4. Date Incorporated or Qualified To Do Business in Florida 08/29/96 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number 65-0689600 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|--|
| | PTD SAWYER, NORMA JEAN | 2413 STAPLES AVENUE | KEY WEST, FL 33040 |
| | VSD MILLER, BRENDA | 750 AVENUE "F" | BIG COPPITT KEY, FL 33040 |
| | | | 000002640640--5 -09/16/98--01034--006 ****908.75--****908.75 |

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES, FL 33134

9. Name and Address of New Registered Agent

Name
AUWINA WEED
 Street Address (P.O. Box Number is Not Acceptable)
629 CAROLINE STREET
 Suite, Apt. #, Etc.
 City
KEY WEST State
FL Zip Code
33040

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.

Signature of Registered Agent

 REGISTERED AGENT MUST SIGN

Date 9 Sept 1998

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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: Norma Jean Sawyer, Pres. 9/2/98 (305) 293-0044
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)