

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN -8 AM 8:00

REINSTATEMENT

03-04



800037757178

06/08/04--01011--005 **306.25

MRS

DOCUMENT # 714514

1. Corporation Name

SUCCESS TODAY INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

9616 MCNORTON DR
ALTAMONTE SPRINGS FL 32714
US

P.O. BOX 570460
ORLANDO FL 32857-0460

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

04/26/1968

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1286571

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DS	LAUGHLIN, TERENCE	9616 MCNORTON DR.	ALTAMONTE SPRINGS FL 32714
DT	EAGLE, SANDY	5827 SAGE DR	ORLANDO FL 32807
DP	YORK, BRIAN J	6381 CASCADE DR	KEYSTONE HTS FL 32656
D	EAGLES, RYAN Delete	5827 SAGE DR	ORLANDO FL 32807
D	PERCY, TAMARA L. Delete	1100 PALMA DR	ORLANDO FL 32805
DV	WOOTEN, RICHARD T Delete	1100 PALMA DR	ORLANDO FL 32805

8. Name and Address of Current Registered Agent

~~EAGLE, RYAN~~
~~5827 SAGE DRIVE~~
~~ORLANDO FL 32807~~

Delete

9. Name and Address of New Registered Agent

Name

TERRENCE LAUGHLIN

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

5827 SAGE DR.

Suite, Apt. #, Etc.

ORLANDO FL.

City

ORLANDO

State

Zip Code

FL

32807

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

4/1/04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04

Daytime Phone #

5576135
407 6129090

CR12EQ40 (7/03)