

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

03 OCT 22 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000004576

1. Corporation Name

THE OFFICE OF DIRECTOR FOR SPIRITWORKS UNLIMITED
AND HIS SUCCESSORS, A CORPORATION SOLE

Principal Place of Business

Mailing Address

5653 COLUMBIA RD., APT. 404
COLUMBIA MD 21044

5653 COLUMBIA RD., APT. 404
COLUMBIA MD 21044

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

8710 Timber Oak Lane
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

8710 Timber Oak Lane
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/06/2002

City & State Laurel, Maryland

City & State Laurel, Maryland

5. FEI Number

56-2300207

Applied For

Not Applicable

Zip 20723 Country USA

Zip 20723 Country USA

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
CP	ROBINSON, JAMES L	5653 COLUMBIA RD., APT. 404	COLUMBIA MD 21044
Director	Robinson, James L.	8710 Timber Oak Lane	Laurel, Maryland 20723
Successor	Clark-Robinson, Madelyn	8710 Timber Oak Lane	Laurel, Maryland 20723

8. Name and Address of Current Registered Agent

THE OFFICE OF PRESIDING ELDER FOR SOLE
DOC. #F02000001218
1980 N. ATLANTIC AVE., STE. 602
COCOA BEACH FL 32931

9. Name and Address of New Registered Agent

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

James L. Robinson, Presiding Elder
REGISTERED AGENT MUST SIGN

Date 10-20-03

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: *James L. Robinson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 12, 2003 202-994-5307

Date

Daytime Phone #

CR20040 (7/03)