PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

F99000000608

WE REMEMBER, INC.

Principal Place of Business

Mailing Address

PO BOX 10126 BROOKSVILLE FL 34603-0126

SIGNATURE:

PO BOX 10126

BROOKSVILLE FL 34603-0126

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 24 PM 6: 28



If above addresses are incorrect in any way, line through incorrect information and enter correction below.									REINSTATEMENT					
				w Mailing Office Address, If Applicable				4. Date Incorpo	orated or Qualified ess in Florida	02/01/	1000	-		
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. FEI Number Applied For								
- City & State			City & State			7=	52-2019876			Not Applic	able = =-			
Zip Country			Zip		Country			6. CERTIFICATE OF STATUS DESIRED S8.75 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			Street Address of Eac Officer and/or Director				City / State / Zip			р			
P	WALDRON, VERN	10451 NODDY TERN RD					BROOKSVILLE FL 34613							
S	WALDRON, CHRIS	10451 NODDY TERN RD					BROOKSVILLE FL 34613							
Т	CLARK, RHONDA	68 NORTHSIP RD					BALTIMORE MD 21222							
٧	GLENN, KRISTEN	517 W KNEPP AVE					FULLERTON CA 92832							
				·				70	000046834274 -11/15/0101023015					
									****236.2	5 ***	*236.25			
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent								
WALDRON, VERNON E 10541 NODDY TERN RD BROOKSVILLE FL 34613-5319						Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code						CR2E040 (8/01)		
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 Signature Of REGISTERED AGENT MUST SIGN														

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 comporation 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

EQVERTION E. Waldron

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.