

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 16 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000006727

1. Corporation Name

WAYWARD BOUND INC.

Principal Place of Business

10 SOUTH PALM AVENUE
SARASOTA FL 34236

Mailing Address

10 SOUTH PALM AVENUE
SARASOTA FL 34236

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

12/28/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-3248285

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
CP	KANTOR, PAMELA	10 SOUTH PALM AVE	SARASOTA FL 34236

800008670958
10/29/02--01103--006 ***150.00

12/18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KANTOR, PAM
10 SOUTH PALM AVENUE
SARASOTA FL 34236

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

[Signature]

REGISTERED AGENT MUST SIGN

SIGNATURE REQUIRED

Date 10-25-02

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-25-02

9534400

Wayward Bound Inc.
Dbu Chasen Reed
10 So. Palm Ave
Sarasota, FL 34236
941.953.4400

Division of Corporations
Box 6327
Tallahassee, FL 32314

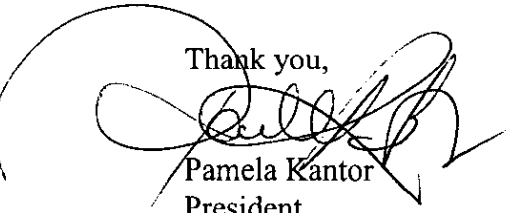
Re: F99000006727

Dear Sirs,

I am hereby returning your letter dated Novmeber 6th, 2002 along with the attached form for reinstatement. To our knowledge, we did not receive the notice that the return was due. When we received this, we promptly paid the \$ 150 filing fee (which you have cashed) and returned the form.

We would appreciate the reinstatement being allowed at this time. The company is very small and cannot pay a penalty of \$ 600 especuallly because we didn't get the original notice.

Thank you,



Pamela Kantor
President