

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine Harri
 Secretary of State
 1999 DIVISION OF CORPORATIONS

FILED

99 DEC 13 PM 2:59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **G09012**

1 Corporation Name
MOTIVATED SALES, INC.

Principal Place of Business Mailing Address
**15402 N. NEBRASKA AVE.
 LUTZ, FL 33549**

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 11/12/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2248216	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$875 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
PO	LADD, ROGER D.	15402 N. NEBRASKA AVE.	LUTZ, FL 33549

000003077770--0
 12/22/99 01042 011
 ****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LADD, ROGER D. 15402 N. NEBRASKA AVE. LUTZ, FL 33549		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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: Date: **12/9/99**
 REGISTERED AGENT MUST SIGN

11. This corporation owes 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: Date: **12/9/99** Daytime Phone #: **(813) 615-1760**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (12/96)

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

RE:MOTIVATED SALES, INC
'1999 ANNUAL REPORT

DEAR SIR OR MADAM:

THE COMPANY MOVED ITS BUSINESS LOCATION IN 1999. WE NEVER RECEIVED THE ORIGINAL ANNUAL REPORT OR ANY LATE NOTICES.

I HAVE ENCLOSED AN APPLICATION FOR REINSTATEMENT AND CHECK FOR \$150, AND REQUEST THAT YOU WAIVE ANY LATE FEES.

SINCERELY,



ROGER D. LADD
PRESIDENT