

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 12 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

800026638078
01/12/04--01004--006 **236.25

DOCUMENT # N02000009444

1. Corporation Name

Pure Thoughts Inc.
14731 Halter Rd.
Wellington, FL 33414

2. Principal Office Address

11360 Fortune Circle

Suite, Apt. #, etc.

E-5

City & State

Wellington, FL

Zip

33414

Country

Palm Beach

3. Mailing Office Address

14731 Halter Road

Suite, Apt. #, etc.

City & State

Wellington, FL

Zip

33414

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

06-1664566

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jennifer Swanson

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

14731 Halter Road

Suite, Apt. #, Etc.

City

Wellington,

State

FL

Zip Code

33414

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jennifer Swanson
REGISTERED AGENT MUST SIGN

Date

1-4-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CFD DIR	Jennifer Swanson	14731 Halter Rd.	Wellington, FL 33414
CEO DIR	Bradley Gower	14731 Halter Rd	Wellington, FL 33414
DIR	William Campbell	2760 Appaloosa Trail	Wellington, FL 33414

10. 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:

Jennifer Swanson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-6-03

Daytime Phone #

561-254-0415

CR2E081 (10/02)