

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 -9 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N42807**

1. Corporation Name

JOURNEYWORK FOUNDATION, INC.

Principal Place of Business

**1104 DORIS AVE
TAVARES FL 32778**

Mailing Address

**1104 DORIS AVE
TAVARES FL 32778**



REINSTATEMENT

02

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

04/03/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3062019

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SMOKER, BRAD	1104 DORIS AVE	TAVARES FL
D	RODGERS, JO ANN	BOX 1471 N/A	MOUNT DORA FL
D	SMOKER, JASON	5312-BEELER-6T	PITTSBURG PA
	HIGH OBS FINES	100698 OVERSEAS HWY.	KEY LARGO, FL 33031

8. Name and Address of Current Registered Agent

**SMOKER, BRAD
1104 DORIS AVE
TAVARES FL 32778**

9. Name and Address of New Registered Agent

Name **300008843843**
12/09/02--01053--013 **61.25
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 REQUIRED
REGISTERED AGENT MUST SIGN

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)(l), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10.29.02**

Daytime Phone # **352-742-1594**

CR2E040 (9/02)