

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 Mailing Address
1104 DORIS AVE 1104 DORIS AVE
TAVARES FL 32778 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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/03/1991	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3062019	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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 ST HGH OBS FINIS 100698 OVERSEAS HWY.	PITTSBURG PA KEY LARGO, FL 33031
			300008843843 11/07/02--01005--020 **175.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SMOKER, BRAD 1104 DORIS AVE TAVARES FL 32778		Name 300008843843 12/09/02--01053--013 **61.25	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		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. or 617.0505, F.S.

Signature of Registered Agent *Bradley Smoker* **SIGNATURE REQUIRED** Date 10.25.02
 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 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: *Bradley Smoker* **SIGNATURE REQUIRED** Date 10.25.02 352-742-1594
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (9/02)