

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 17 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43454

1. Corporation Name

Journey 5, Inc.

2. Principal Office Address

117 Woodberry Place

Suite, Apt. #, etc.

City & State

Decatur, Georgia

Zip

30034

Country

USA

3. Mailing Office Address

117 Woodberry Place

Suite, Apt. #, etc.

City & State

Decatur, Gerogia

Zip

30034

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/1991

5. FEI Number

52-1272398

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

Michael V. Elsberry

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

215 North Eola Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

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

Michael V. Elsberry

REGISTERED AGENT MUST SIGN

Date **October 24, 2003**

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
DP	John J. Christy	117 Woodberry Place	Decatur, GA 30034
D	Colleen W. Whiteaker	12814 Greencastle Road	Hagerstown, MD 21740
DS	Candace Whiteaker	12814 Greencastle Road	Hagerstown, MD 21740

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:

John J. Christy, President

10/28/03 770-323-5029

Date

Daytime Phone #

CR2E081 (10/02)