

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500005611

1. Corporation Name

ENCOURAGING WORDS INTERNATIONAL, Inc

2. Principal Office Address

6034 CHESTER AVENUE

Suite, Apt. #, etc.

SUITE 107-C

City & State

JACKSONVILLE, FLORIDA

Zip

32082

Country

DUVAL

3. Mailing Office Address

6034 CHESTER AVENUE SUITE

Suite, Apt. #, etc.

SUITE 107-C

City & State

JACKSONVILLE, FLORIDA

Zip

32017

Country

DUVAL

4. Date Incorporated or Qualified
To Do Business in Florida

11/28/1995

5. FEI Number

59-3352154

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

FILED

01 SEP -4 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/05/01--01002--025

****280.00 ****245.00

7. Name and Address of Current Registered Agent

Name

REBA J. HOFFMAN, Ph.D.

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

306 RUNAWAY CIRCLE

Suite, Apt. #, Etc.

City

PONTE VEDRA BEACH

State

FL

Zip Code

32082

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 31 August 2001

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
Dir / President	REBA J. HOFFMAN, PhD	306 RUNAWAY CIRCLE	Ponte Vedia Beach, FL 32082
Sec. / Sec	Pamela KING, PhD	4700 S.W. ARCHER Rd. # 4-50	GAINSVILLE, FL 32608
Treas. / Dir	TERESA T. GORE	8800 CHAMBORE DRIVE	JACKSONVILLE, FL 32256

T. LEWIS SEP 5 2001

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:

[Signature]

31 August 2001

Date

(904) 543-8625

Daytime Phone #