

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR 16 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000002893

1. Corporation Name

INSPIRATIONALLY YOURS
MOTIVATIONAL SERVICES, INC.

2. Principal Office Address

6600 NW 27 AVENUE

Suite, Apt. #, etc.

#W-109

City & State

MIAMI FL

Zip

33147

Country

USA

3. Mailing Office Address

6600 NW 27 AVE.

Suite, Apt. #, etc.

#W-109

City & State

MIAMI FL

Zip

33147

Country

USA

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

MARCH 1997

5. FEI Number

65-0755943

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

TIFFANY WILLIS

700004065487-6

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

3171 NW 57 STREET

04/25/01-01007-016

****253.75 ****253.75

Suite, Apt. #, Etc.

N/A

LS

City

MIAMI

State

FL

Zip Code

33142

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

Tiffany Willis
REGISTERED AGENT MUST SIGN

Date 3/17/00

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

PRES/D CAROLY ROLLINS 5400 NW 22 AVENUE BTHFL
MIAMI, FL 33147 MIAMI, FL 33147

TREASURER/DELSIE HAMLER 1730 BISCAYNE BLVD #301
MIAMI, FL 33132

SEC/D SAMUEL L. GILMORE JR 6600 NW 27 AVE
#W103 MIAMI, FL 33147

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tiffany Willis TIFFANY WILLIS

Date

3/27/00 (305)634-7558

Daytime Phone #

CR2E081 (9/99)