

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JUN 27 PM 2:01

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # N97000002893

**1. Corporation Name**

INSPIRATIONALLY YOURS  
MOTIVATIONAL SERVICES, INC.

**REINSTATEMENT 04-05**

300056520183  
06/24/05--01059--005 \*\*306.25

**2. Principal Office Address**

3171 NW 57 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33142

Country

USA

**3. Mailing Office Address**

172 N. PORTAGE PATH

Suite, Apt. #, etc.

City & State

AKRON, OHIO

Zip

44303

Country

USA

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

MAY 19, 1997

**5. FEI Number**

650755943

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 - GILMORE

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

3171 NW 57 STREET

Suite, Apt. #, Etc.

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 - Gilmore  
REGISTERED AGENT MUST SIGN

Date 6/18/05

**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
<u>Pres.</u>	<u>TIFFANY WILLIS - GILMORE</u>	<u>3171 NW 57 STREET</u>	<u>MIAMI, FL 33142</u>
<u>VP</u>	<u>KIRK D. SHELTON</u>	<u>1005 AMELIA AVE.</u>	<u>AKRON, OH 44302</u>
<u>D</u>	<u>CORY WITHERSPON</u>	<u>15800 NW 42 AVENUE</u>	<u>MIAMI, FL 33054</u>

**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:

Tiffany Willis - Gilmore  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/05 (330) 801-2921  
Date Daytime Phone #

CR2E081 (01/05)