

APPLICATION
FOR
REINSTATEMENT



FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT.#, N98000007275

1. Corporation Name

MORE SURE WORD, INC.

Principal Place of Business

Mailing Address

P.O. BOX 999
OLD TOWN FL 32680

P.O. BOX 999
OLD TOWN FL 32680



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/22/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED I

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	LAKE, CURTIS III	P.O. BOX 999 8401 N.E. 77 th Lane	OLD TOWN FL 32680 Gainesville, FL 32609
TD	THOMAS, RUTHERFORD	361 5TH ST. NW. APT. A 618 19 th St. E	LARGO FL 33770 Bradenton, FL 34700
TD	PITTS, EDDIE	1053 DUDLEY DR. 7306 Briarlyn Court	KISSIMMEE FL 34758 Orlando, FL 32818
D	JONES, LYNN	765 GEORGE WASHINGTON BLVD.	SUMTER SC 29154
D	LAKE, BENEATHA	P.O. BOX 999 (N/A) 8401 N.E. 77 th Lane	OLD TOWN FL 32680 Gainesville, FL 32609
D	JOHNSON, KAYLA	1053 DUDLEY DR.	KISSIMMEE FL 34758

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAKE, CURTIS III
157 POMPEL DR. — 8401 N.E. 77th Lane
KISSIMMEE FL 32758 — Gainesville, FL 32609

Name _____
Street Address (P.O. Box Number) _____
Suite, Apt. #, Etc. _____
City _____ State _____ Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, P.S. 175.00 ****175.00

**Signature of
Registered Agent**

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-29-99

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 619.073(1)(b). The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

*****17.50 *****17.50

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-99 (352) 498-3087

Date _____ Daytime Phone # _____