

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

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~~

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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REINSTATEMENT 0-1-

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

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.

P.O. BOX 680614

Suite, Apt. #, etc.

P.O. BOX 680614

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32868

Country

USA

Zip

32868

Country

USA

5. FEI Number

593665128

Applied For

APPLIED FOR

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	8401 N.E. 77TH LANE 5214 Redrac Street	GAINESVILLE FL 32609 Jacksonville, FL 32205
TD	THOMAS, RUTHERFORD	618 19TH STREET EAST	BRADENTON FL 34708
TD	PITTS, EDDIE	7306 BRIARLYN COURT	ORLANDO FL 32818
D	JONES, LYNN	765 GEORGE WASHINGTON BLVD.	SUMTER SC 29154
D	LAKE, BENEATHA	8401 N.E. 77TH LANE 5214 Redrac Street	GAINESVILLE FL 32609 Jacksonville, FL 32205
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

~~8401 N.E. 77TH LANE~~
GAINESVILLE FL 32609

5214 Redrac Street
Jacksonville, FL 32205

Name

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

800004769488-2

Suite, Apt. #, Etc.

-01/11/02--010544-0000

City

****236.25

****236.25

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Curtis Lake III

REGISTERED AGENT MUST SIGN

Date 12-29-01

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 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:

Curtis Lake III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-29-01

CR2E040 (8/01)