

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 22 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000006703**

1. Corporation Name

WORDS OF WISDOM, INC.

Principal Place of Business

Mailing Address

4923 S.W. LANDING CREEK DRIVE
PALM CITY FL 34990

4923 S.W. LANDING CREEK DRIVE
PALM CITY FL 34990



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

01/13/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0994162

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| D | WISDOM, REBA | 4923 S.W. LANDING CREEK DRIVE | PALM CITY FL 34990 |
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500024023995
10/22/03--01064--033 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WISDOM, REBA
4923 S.W. LANDING CREEK DRIVE
PALM CITY FL 34990

Name

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

Suite, Apt. #, Etc.

City

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. or 617.0505, F.S.

Signature of
Registered Agent

Reba Wisdom
REGISTERED AGENT MUST SIGN

Date **10-14-03**

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:

Reba Wisdom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-03

Date

Daytime Phone #

772-288-2997

CR20040 (7/03)



WORDS OF WISDOM, INC.

772-288-2997

October 14, 2003

Florida Department of State
Glenda E. Hood
Secretary of State

To whom this may concern;

I am writing this letter to inform your department that I do NOT recall receiving any notice in the mail prior to this one. I do apologize for the oversight in this matter. However, after receiving this notice I immediately called your department and spoke with a gentleman by the name of Scott. He did inform me of the procedure to follow.

I am requesting a waiver of the late fee this year because of not receiving any notice by mail this past 2003. Our mail service sometimes is lacking in the delivery department and after receiving many articles of mail that belong to other people I do realize that this could happen to us as well.

I am enclosing a check for \$150.00 as my fee and also \$8.75 for a certificate of satisfaction. I truly do hope that you forgive me for this oversight and I will be more diligent in keeping track of the date when this notice is to arrive so that if the mail system fails then I will still be aware of this DUE DATE.

Thank you for your consideration and lenience for my small company and sole propriororship .

Sincerely,

Reba Wisdom
President

Words of Wisdom, Inc.