

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 OCT 17 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900024050759
10/23/03--01059--026 **150.00

REINSTATEMENT 03

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 000000074830			
1. Corporation Name Responsible Me, Inc.			
2. Principal Office Address 632 E. Amelia St. Suite, Apt. #, etc. 32803 City & State Zip 32803 Country Orange		3. Mailing Office Address P.O. Box 533658 Suite, Apt. #, etc. City & State Orlando, FL Zip 32853-3658 Country orange	

4. Date Incorporated or Qualified To Do Business in Florida 2000	
5. FEI Number NA	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Mente Connery	
Street Address (P.O. Box Number is Not Acceptable) 632 E. Amelia St.	
Suite, Apt. #, Etc.	
City Orlando	State FL Zip Code 32803

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 Mente Connery	Date 10/11/03
REGISTERED AGENT MUST SIGN	

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	Connery, Mente	632 E. Amelia St	Orlando, FL 32803

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: Mente Connery	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 10/11/03	Daytime Phone # 407-872 071

21 10/21

CR20381 (10/02)

Department of State
Division of Corporations
Reinstatement Dept
PO Box 6327
Tallahassee, FL ~~32399~~ 32314-6327

10/11/03

Dear Justin Shivers,

Thank you for speaking to me
on our phone call 10.1.03 regarding
my corporate reinstatement letter
that was not in the mail.

Please find the check for \$150.00
as discussed for Doc # P00000074830
Responsible Me, Inc.

Please note my correct address
for future documents. I apologize
for the handwritten letter, I ran
out of ink at the moment.

Kind Regards,
Mente P. Connery
632 E. Amelia St.
Orlando, FL 32803
407 872-0778