

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 25 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000097918

1. Corporation Name
Inner Bliss, Inc.

2. Principal Office Address
6100 9th Street North

3. Mailing Office Address
6100 9th Street North

Suite, Apt. #, etc.
2

Suite, Apt. #, etc.
2

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

Zip
33703

Country
Pinellas

Zip
33703

Country
Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida 10/17/00

5. FEI Number
59-3676597

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
Paula I. Brown

Street Address (P.O. Box Number is Not Acceptable)
6100 9th Street North

Suite, Apt. #, Etc.
2

City
St. Petersburg

State
FL

Zip Code
33703

200048847042

03/22/05--01025--014 **1050 00

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

REGISTERED AGENT MUST SIGN

Date 2/14/2005

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
D	Paula L. Brown	6100 9th Street North	St. Petersburg, FL 33703

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/2005 (727) 578-8896
Date Daytime Phone #