1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR -9 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
100015318121
04/04/03--01049--030 **300.00

100015318121
04/04/03--01049--029 **8.75

DOCUMENT # P01000014886

2003 JBR

1. Corporation Name: VOYAGE Incorporation

2. Principal Office Address: 1221 South "C" St.
Suite, Apt. #, etc.:
City & State: Lake Worth, FL
Zip: 33460 Country: Palm Beach

3. Mailing Office Address: P. O. Box 222742
Suite, Apt. #, etc.:
City & State: West palm Beach, FL
Zip: 33422 Country: Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida: 2/8/2000

5. FEI Number: 300024628 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name: Hattie Marie Roberson
Street Address (P.O. Box Number is Not Acceptable): ~~P.O. Box 222~~ HR 1221 South "C" St.
Suite, Apt. #, Etc.:
City: Lake Worth State: FL Zip Code: 33460

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: Hattie Marie Roberson president Date: 3/27/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
Director	Bobby Roberson	1221 S. "C" St.	Lake Worth FL 33460
Director	Willie Lewis	1221 S. "C" St.	Lake Worth FL 33460

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: Hattie Marie Roberson Pres. Hattie Marie Roberson Date: 3/27/03 Daytime Phone #: (561) 641-1817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

To Whom it May Concern:

I Hattie Dare Roberson is writting this letter to make it known that I did not recieve the yearly report come out each year, I was at 1107 N Fed. Hwy L.W. for a few month only.

please update my information using my mailing address as
P.O. Box 222742
W.P.B. Fl. 33422

if that is not possible you may use my mailing addres listed on the Reinstatement form. (preferably not) but if you have to use a physical address you may do so. I ask that you please waive that penalty fee. I was told by a representive to enclose this letter letting you know in writting. I have enclosed a $300.00 Moneyorder + $8.75 for a Certificate of status

Thank you,

Sincerly Hattie D. Roberson
President
of
Voyage Inc
3-28-03