

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 22 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000070835

1. Corporation Name

True Course, Inc.

2. Principal Office Address

1531 Grove Terrace

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip
32789

Country

3. Mailing Office Address

1531 Grove Terrace

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip
32789

Country

REINSTATEMENT

03-06

4. Date Incorporated or Qualified
To Do Business in Florida

07-18-2001

5. EEL Number

59-3740126

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

LAWRENCE P. SMITH

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

1531 GROVE TERRACE

Suite, Apt. #, Etc.

City

WINTER PARK

State

FL

Zip Code

32789

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

[Signature]

Date

9/14/06

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
P	Michele A. Smith	1531 Grove Terrace	Winter Park, FL 32789
V	Lawrence P. Smith	1531 Grove Terrace	Winter Park, FL 32789

400080226484
09/27/06--01052--013 **600.00

[Signature]

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 contained in Chapter 119, 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

08-23-06

Date

407 766 5042

Daytime Phone #

2/2

July 12, 2006

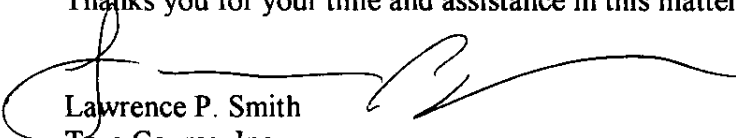
From:
True Course, Inc.
1531 Grove Terrace
Winter Park, FL 32789

To:
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Per recent telephone conversations with representatives of the Division of Corporations regarding the status of my S-Corporation, True Course, Inc. (FEI 59-3740126), enclosed is a check in the amount of \$600.00 to bring the filing fees up to date for '03, '04, '05, and '06, and return my status to active. I am requesting that any penalties for late filing be waived due to the fact that I did not receive a UBR form for these filing years, presumably because confusion regarding of a change of address occurring in the '03 filing year prevented forwarding of the form and subsequent mailings as well.

Thanks you for your time and assistance in this matter.



Lawrence P. Smith
True Course, Inc.
407-766-5042
truecourseinc@earthlink.net