

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 25 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



10132006 REIN-P CR2E098 (11/05)

DOCUMENT # P05000064318

1. Entity Name
PEACEFUL JOURNEY GIFTS INC.



Principal Place of Business
1436 SPINDRIFT CIRCLE EAST
NEPTUNE BEACH, FL 32266

Mailing Address
1436 SPINDRIFT CIRCLE EAST
NEPTUNE BEACH, FL 32266

2. Principal Place of Business
363 Atlantic Blvd
Suite #2
Atlantic Beach, FL
Zip 32233
Country USA

3. Mailing Address
363 Atlantic Blvd
Suite #2
Atlantic Beach, FL
Zip 32233
Country USA

6. Name and Address of Current Registered Agent
WALLACE, JOANN
1815 ATLANTIC BLVD., STE. 189
ATLANTIC BEACH, FL 32233

4. FEI Number
25-1916476

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name: WALLACE, JOANN
Street Address (P.O. Box Number is Not Acceptable): 1578 LINKSIDE DRIVE
City: ATLANTIC BEACH, FL Zip Code: 32233

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Joann Wallace* DATE: 10/13/06

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WALLACE, JOANN 1436 SPINDRIFT CIRCLE EAST NEPTUNE BEACH, FL 32266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wallace, Joann 1578 Linkside Drive Atlantic Beach FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALLACE, JOANN 1436 SPINDRIFT CIRCLE EAST NEPTUNE BEACH, FL 32266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wallace, Joann 1578 Linkside Drive Atlantic Beach FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GOOD, LISA 500 CLIPPERSHIP LANE ATLANTIC BEACH, FL 32233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300081183553 10/25/06--01026--003 **150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joann Wallace* DATE: 10/13/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR