

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 DEC 31 PM 4:01

DOCUMENT # P93000017155

1. Corporation Name
Pure Practices Inc.

500004769955--3

-01/11/02--01062--013

****158.75 ****158.75

2. Principal Office Address

7137 Hwy. 98 W.

Suite, Apt. #, etc.

3. Mailing Office Address

7137 Hwy. 98 W.

Suite, Apt. #, etc.

City & State

Panama City Beach FL

Zip
32407

Country
USA

City & State

Panama City Beach FL

Zip
32407

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/1993

5. FEI Number

593133354

Applied

Not App

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael Raymond Leathers

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

1944 Quail Run

Suite, Apt. #, Etc.

City

Lynn Haven FL

State

FL

Zip Code

32444

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

Michael R. Leathers
REGISTERED AGENT MUST SIGN

Date

12/6/01

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.	Michael R Leathers	1944 Quail Run	Lynn Haven FL 32444

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:

Michael R. Leathers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael R. Leathers

Date

12/6/01

Daytime Phone #

850 624 2777

CR2001 (3/00)

103

2 of 2

Pure Practices Inc.
7137 Hwy. 98 W.
Panama City Beach FL 32407
(850) 234-3343

December 6, 2001

Re: Non payment of renewal fees
Division of Corporations
P.O. Box 6327
Tallahassee Fl. 32314

To Whom It May Concern
Subject: Reinstatement

I did not receive my previous notices, Uniform Business Report. Please delete the late changes due to this fact.

Thanks call me if I can be of any more help



Michael R. Leathers
President
Pure Practices Inc.

(850)624-2777

