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APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # P93000054893

1. Corporation Name

NEVER - ALONE, INC.

Principal Place of Business

~~4799 SHORELINE CIRCLE~~  
SANFORD FL 32771  
US

Mailing Address

POST OFFICE BOX 162523  
ALTAMONTE SPRINGS FL 32716  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

08/05/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3196096

Applied For

Not Applicable

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	CLARK, VERA	<del>4799 SHORELINE CIRCLE</del> 2118 PARK AVENUE	SANFORD FL 32771
VP	GOLDSMITH, MARK R.	<del>4799 SHORELINE CIRCLE</del> 2118 PARK AVENUE	SANFORD FL 32771
			700003468547--2 11/17/00--01045--002 ****550.00 ****550.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLARK, VERA

~~4799 SHORELINE CIRCLE~~  
SANFORD FL 32771

Name

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

2118 PARK AVENUE

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

10/30/00

REGISTERED AGENT MUST SIGN

11. 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

Mark R. Goldsmith  
MARK R. GOLDSMITH

Date

10/30/00

Daytime Phone #

407-330-2666

CR2E040 (8/00)



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October 30, 2000

Florida Department of State  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, Florida 32314-6327

To Whom It May Concern:

On or about September 9, 2000 a check, number 2284, in the amount of \$550.00, was issued and sent to your attention. On or about, October 23, 2000, I received notice that you had not received my payment. I issued a stop payment order at my bank and have reissued check number 2318, in the amount of \$550.00.

I spoke to a young woman in your office and was told to send this letter and request a waive of the reinstatement fee due to mail problems beyond our control. I have enclosed a copy of the stop payment order, the new check and a completed reinstatement form. I request that you reinstate Never - Alone, Inc. to active status and waive any additional fees.

Thank you for your help in this matter, and if I can be of further assistance, do not hesitate to make contact.

Regards,

Vera F. Clark  
President

*You're never alone with Never-Alone.*

Toll Free: 1-800-461-4472

1011 Wymore Ave. Ste. 206 Winter Park, FL 32789 Phone: 407-330-2666  
1900 Corporate Blvd. Ste. 400E Boca Raton, FL 32431 Phone: 561-988-2501  
8401 N. Bayshore Dr. Miami, FL 33138 Phone: 305-757-1220