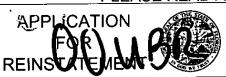
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P93000054893

1. Corporation Name

NEVER - ALONE, INC.

Principal Place of Business

4799 SHORELINE GIRGLE

SANFORD FL 32771 US

Mailing Address

POST OFFICE BOX 162523 ALTAMONTE SPRINGS FL 32716



00 NOV -2 PN 4:54



New Pri	ncipal Office A	ddress, If Applicable		New Mailing Office Address, If Applicable Suite, Apt. #, etc.			Date Incorporated or Qualified To Do Business in Florida 08/05/1993		
uite, Apt.	#, etc.		Suite, Apt. #				5. FEI Number Applied F		
ity & State	9		City & State	City & State		59-3196096 Not Ap		Not Applicable	
Country			Zip		Country 6. CERTIFICA		TE OF STATUS DESIRED \$8.75 Additional Fee requires for a Certificate of Status		
Names	and Street Add	dresses of Each Officer	and/or Director (FI	lorida nonprofit com	porations must list at	least 3 directors)	***		
itle(s)	Name of Officers and/or Directors			Street Address of Ea Officer and/or Direct		ach	City / State / Zip		
PSD	CLARK, VERA			4700 SHORELINE CIRICE AVENUE		SANFORD FL 32771			
/P	GOLDSMITH, MARK R.			1790 SHORELINE CIRCLE 2118 PANK AVENUE		SANFORD FL 32771			
···				-		í	00003468 -11/17/000 ****550.00	5472 1045002 ****\$50.00	
							\	\ B (1)	
								Buch	
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
					Name				
CLARK, VERA -+799 SHORELINE CIRCLE					Street Address (P.O. Box Number is Not Acceptable). 2118 PARK AVE NUE				
SANFORD FL 32771					Suite, Apt. #, Etc.				
					City		State FL	Zip Code	
0. I, bein	g appointed th	ne registered agent of the	above named con				ection 607.0505, F.S.		
ignature egistered		CION.	ATUR REGISTERED A	E REC	UIRE		Date <u>(()/30/</u> (v	
	_н	<u>.</u>							
46:		alization the reason for	dicentution has be	an aliminated the r	'Amaraie name sail!	ities the requireme	chapter 607 or 617, F.S. I further onts of section 607.0401 or 617.04 under section 119.07(3)(i), F.S. T	01, 1 .O., maran 1003	

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.





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.