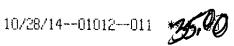


(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	





TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: INSPIRE, INC.

(Name of Corporation)

DOCUMENT NUMBER: P94000038737

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HISAKO SUGIURA

(Name of Person)

INSPIRE, INC.

(Name of Firm/Company)

12529 LAKE SQUARE CIRCLE, SUITE 402

(Address)

ORLANDO, FL 32821

(City/State and Zip Code)

For further information concerning this matter, please call:

HISAKO SUGIURA

_{at (}407 ₎341-4909

(Name of Person)

(Area Code & Daytime Telephone Number

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address:**

Amendment Section
Division of Corporations
2661 Executive Center Circle*
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Kazukiyo Ariyoshi, hereby resign as Pre	sident (Title)	, Director
of INSPIRE, INC. (Name of Corporation) P9400038737 (Document Number, if known) Florida	vs of the State of	ſ,
Layung of resigning officer/director)	k	. ,
FILING FEE IS \$35.00	740 . 8 .	_
Make checks payable to Florida Department of State and r	mail to:	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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