

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 FEB 21 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA5000061883

1. Corporation Name

Profits From Motivation, Inc.

Principal Place of Business

Mailing Address

Panama City, FL

PO Box 24044
Savannah, Ga 31403

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

2. New Principal Office Address, If Applicable

310 E. Montgomery Xrd

Suite, Apt. #, etc.

10

City & State

Savannah, GA

Zip

31406

Country

USA

3. New Mailing Office Address, If Applicable

PO Box 24044

Suite, Apt. #, etc.

City & State

Savannah, GA

Zip

31403

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/10/95

5. FEI Number

58-2193017

Applied For

Not Applicable

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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 900002096709--8 -02/25/97--01073--001 ****923.75 ****923.75 |
|----------|-----------------------------------|---|---|
| 1 | 2 | 3 | 4 |
| Pres. | Kevin J. Whitfield | 146 Steeplechase Rd | Savannah, GA 31405 |
| V.P. | Richard Couterier | 315 Chase Lane | Manetta, GA 30068 |
| ST | Aletha C. Whitfield | 146 Steeplechase Rd | Savannah, GA 31405 |
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REINSTATEMENT

8. Name and Address of Current Registered Agent

Dominic J. Baccarella, ESQ.
4144 N. Armenia Avenue
Tampa, FL 33607

9. Name and Address of New Registered Agent

Name Kevin J. Whitfield
Street Address (P.O. Box Number is Not Acceptable) 23223 W. Hwy 98
Suite, Apt. #, Etc. Penthouse PH #8
City Panama City Beach Zip Code FL 32407

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

Kevin J. Whitfield

REGISTERED AGENT MUST SIGN

Date

2/11/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Aletha C. Whitfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aletha C. Whitfield

Date

2/11/97 (912) 352-8003

Daytime Phone #

CR2040 (12/96)