		PLEASE READ	ALL INST	FRUCT	IONS	BEFORE (	OMPLET	ING THIS FORM	1-0-
	BA	NEN-	FLORID	A DEPA Sandra I Secreta	B. Mor ary of S	NT OF STATE tham State		FLED 18 NOV 23 PM 2: 21	, 10t Z
DOCUMENT # P9600004618							1		
1. Corporation Name							SECRETARY OF STATE TALLAHASSEE, FLORIDA		
TODAY'S INNOVATIVE PROGRAMS, INC.								MILM POSSES	
Principal-Place of Business Mailing Add				ress			-		
	DEN TRACE BL ILLE FL 32246	PO BOX 17152 JACKSONVILLE FL 32245 US							
		incorrect in any way, line thro							
				ailing Office Address, If Applicable			Date Incorp     To Do Busin	orated or Qualified ness in Florida 01/1	6/1996
Suite, Apt. #, etc. Suite, Apt. #,				, etc.			5. FEI Numbe	т	Applied For
City & State City & State							6.	NOT APPLICABLE	Not Applicable
Zip Country			Zip Country			<i>Y</i>	CERTIFICATE OF STATUS DESIRED (58.75 Additional Fee require for a Certificate of Status		
7. Names	and Street Ad	dresses of Each Officer and/o	or Director (Flo	orida nonprof		tions must list at lea			
Title(s) 1				Officer and/or Director 3 (Do NOT Use Post Office Box Nu				City / State	/ Zip
VPS LOUGERY, PATRICIA				2463 EAST ALDEN TRACE BLVD				JACKSONVILLE FL	
EO Wougerman, Harley				2463 E. Alden Trace Blvd.			e Blvd.	Jacksonville, Fl	32246
								<b>\$</b>	
							91	000027037 -12/04/9801	104025
z.								****150.00	****150.00_
8. Name and Address of Current Registered Agent						9. Name and A	Address of New Registered Ag	ent	
WAUGERMAN, HARLEY C						P.O. Box Number is Not Acceptable)			
2463 EAST ALDEN TRACE BLVD						.O. Box Number	is Not Acceptable)		
UNUMBER I L OEZ-FO						Suite, Apt. #, Etc.			
						City		FL	Zip Code
10. I, being Signature o Registered	of c	e registered agent of the above	re named corporate for the cor	RE	QU	INRED	oligations of Secti	on 607.0505, F.S. Date <u>Nov. 18</u>	98
		ration owes or ha Personal Propert				er Yes 🔼	-No 🗆	(See àther side f	or information

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: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HARLEY C. WAVEGEMAN

Nov 18 98 904)645-0902

CR2E040 (9/98)



## Today's Innovative Programs, Inc.

P.O Box 17152 Jacksonville, FL 32245

November 18, 1998

Department Of State Divisions of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee FL, 32314-6327

Dear Sir or Madam:

As per our telephone conversation, Nov. 18, 1998 you will find enclosed a check # 2181 for \$150.00.

I regret not having resolved this matter as required by your guidelines. As mentioned, I had not received the proper application forms. If this continues to be a problem in the coming year I will most certainly call and make proper arrangements. Thank you for your help on this matter.

Sincerely,

Harley C. Waugerman

CEO