PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 27 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000042184

1. Corporation Name

IDEAWORKS, INC.

Principal Place of Business	Mailing Address
1110 N. PALAFOX ST PENSACOLA FL 32501 US	1110 N. PALAFOX ST PENSACOLA FL 32501 US

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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/17/1996

5. FEI Number: 59-3376848 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VDST	EMLING, CHUCK	1110 N PALAFOX ST	PENSACOLA FL 32501
D	SJOBERG, CARON	1110 N PALAFOX ST	PENSACOLA FL 32501

500024169025
10/27/03--01075--001 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LOZIER, DANIEL R 24 W CHASE ST. PENSACOLA FL 32501	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: DANIEL R LOZIER Date: 10/23/03
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: CARON SJOBERG 10/14/03 850-465-1314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

IDEAWORKS

1110 north palafox
pensacola, fl 32501

850.434.9095 phone
850.434.5753 fax

info@ideaworksusa.com

October 22, 2003

Glenda E. Hood
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Ideaworks, Inc.
Certificate of Administrative Dissolution or Revocation
FEI 59-3376848

Dear Ms. Hood:

We are in receipt of a Notice of Administrative Dissolution or Revocation. Ideaworks never received a copy of your request for an updated Uniform Business Report (UBR). We have checked with our agent, Lozier Thames & Frazier, and they have not received a copy either. We are uncertain as to why the form was not received, but request that you accept our application for reinstatement, along with our check for $150. Ideaworks has been incorporated for many years, and this is the first year that we did not receive and return our application.

We sincerely apologize for the delay.

Best regards,
IDEAWORKS

Caron M. Sjoberg
President

cc: Dan Lozier