

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

1110 N. PALAFOX ST
PENSACOLA FL 32501
US

Mailing Address

1110 N. PALAFOX ST
PENSACOLA FL 32501
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

LOZIER, DANIEL R
24 W CHASE ST.
PENSACOLA FL 32501

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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
REGISTERED AGENT MUST SIGN

Date

10/23/03

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/03

Daytime Phone #

850-465-1314

CR2E040 (7/03)

IDEAWÖRKS

1110 north palafax
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

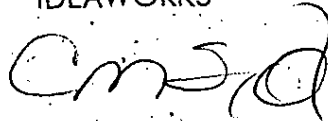
Re: Ideaworks, Inc.
Certificate of Administrative Dissolution or Revocation
FEI 59-3376848

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

marketing

brochure design