

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # P96000068932**

1. Corporation Name

**INTUITION MAGAZINE, INC.**

**FILED**

98 FEB 16 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1457 CLEVELAND STREET  
SUITE N  
CLEARWATER FL 34615

Mailing Address

1457 CLEVELAND STREET  
SUITE N  
CLEARWATER FL 34615

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.  
*P.O. Box 5338*

City & State  
*Clearwater, FL*

Zip  
*33758-5338*

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
*P.O. Box 5338*

City & State  
*Clearwater, FL*

Zip  
*33758-5338*

4. Date Incorporated or Qualified  
To Do Business in Florida

08/15/1996

5. FEI Number

*59-344 7516*

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	HANKINS, ROBIN	1457 CLEVELAND STREET	CLEARWATER FL 34615

600002434516--1  
-02/18/98--01083--016  
\*\*\*900.00 \*\*\*900.00

*JB*  
*2-17-98*

8. Name and Address of Current Registered Agent

HANKINS, ROBIN  
1457 CLEVELAND STREET  
SUITE N  
CLEARWATER FL 34615

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  
*33758-5338*

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

*Robin Hankins*

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

*Robin Hankins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-31-98*  
Date

*813-443-5646*  
Daytime Phone #

CR25040 (8/97)