

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000088457**

1. Corporation Name

IMPECUNIOUS COMPANIES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 13 AM 11:12

Principal Place of Business

4565 FORSYTH STREET
BAGDAD FL 32530

Mailing Address

POST OFFICE BOX 549
BAGDAD FL 32530

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/25/1996
City & State	City & State	5. FEI Number
Zip	Country	59-3409429
	Zip	Applied For
	Country	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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	City / State / Zip
DP	WORDEN, RAYMOND O	4565 FORSYTH STREET	BAGDAD FL
VP	WORDEN, RODNEY	10018 TELICO DR 3 Alton Ct	PENSACOLA FL 32526 Hampton, Va 23669
ST	KING, TAMI E	10018 TELICO DR	OLTEWAH TN 37363
		600004703726--6 -12/04/01--01033--005 ***750.00 ***750.00	

8. Name and Address of Current Registered Agent

WORDEN, RAYMOND O
4565 FORSYTH STREET
BAGDAD FL 32530

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.

Signature of
Registered Agent

Raymond O. Worden

REGISTERED AGENT MUST SIGN

Date *Nov 7, 2001*

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:

Raymond O. Worden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 7, 2001 850-712-1338

Date

Daytime Phone #

CR2E040 (8/01)