

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 MAR 27 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000093299

1. Corporation Name

WORD JOURNEYS, INC.

Principal Place of Business

1330 DIVOT LANE
TAMPA FL 33612
US

Mailing Address

1330 DIVOT LANE
TAMPA FL 33612
US



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

REINSTATEMENT

99-00

2. New Principal Office Address, If Applicable

1925 HWY A1A

Suite, Apt. #, etc.

A

City & State
INDIALANTIC, FL

Zip
32903

Country
USA

3. New Mailing Office Address, If Applicable

1925 HWY A1A

Suite, Apt. #, etc.

A

City & State
INDIALANTIC, FL

Zip
32903

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1996

5. FEI Number

59-3419644

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
D	YEHLING, ROBERT L JR	1330 DIVOT LANE	TAMPA FL 33612
			300003195933--8 -04/04/00--01100--001 ***750.00 ***750.00 LS
			09/21/99 90019/035

8. Name and Address of Current Registered Agent

YEHLING, ROBERT L JR
1330 DIVOT LANE
TAMPA FL 33612

9. Name and Address of New Registered Agent

Name

ROBERT L. YEHLING, JR.

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

1925 HWY A1A

Suite, Apt. #, Etc.

City

INDIALANTIC

State

FL

Zip Code

32903

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 3/24/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT L. YEHLING, JR.

3/24/00

Date

813-361-7862

Daytime Phone #