


FILED

2009 FEB -3 A 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (12/08)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2009 FEB -3 A 9:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> P97000074042					
1. Corporation Name  INSPIRATIONS, INC.					
2. Principal Office Address - No P.O. Box # 719 KIWI CIRCLE Suite, Apt. #, etc.		3. Mailing Office Address P.O. BOX 2188 Suite, Apt. #, etc.			
City & State WINTER PARK, FL		City & State WINTER PARK, FL			
Zip 32789	Country USA	Zip 32790	Country USA		
4. Date Incorporated or Qualified To Do Business in Florida 08/26/1997		5. FEI Number 59-3469367			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		8. Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name: RUTA, JOHN R Street Address (P.O. Box Number is Not Acceptable): 189 S. ORANGE AVE. Suite, Apt. #, Etc.: 1600 City: ORLANDO State: FL Zip Code: 32801					
<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent: <u>John R. Ruta</u> Date: <u>1-29-09</u> REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P	ELROD, THOMAS	719 KIWI CIRCLE		WINTER PARK, FL 32789-3223	
800142712768 02/03/09-01/01/09-003 ***900.00 REINSTATEMENT 04-09					
10. 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 contained in Chapter 119, 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: <u>John R. Elrod - Thomas Elrod - President</u>		Date: <u>407-679-4156</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			