

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 SEP 12 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

The Corporate Character, Inc.

Doc # P99000050554

2. Principal Office Address

131 Kenilworth Rd

3. Mailing Office Address

131 Kenilworth Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, Florida

City & State

Pensacola, Florida

Zip

32503

Country

USA

Zip

32503

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/1/1999

5. FEI Number

30-0080124

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Susan R. Ward

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

131 Kenilworth Rd

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32503

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

Susan R. Ward

REGISTERED AGENT MUST SIGN

Date 8/22/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Preside	Susan R. Ward	131 Kenilworth Rd	Pensacola, Florida 32503

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 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:

Susan R. Ward SUSAN R. WARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/05

Date

(850) 592-9191

Daytime Phone #

CR2E081 (01/05)

September 7, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
(850) 245-6059 #4


RE: The Corporate Character, Inc.
EIN# 30-0080124

To Whom It May Concern:

I never received correspondence from your department, dated May 2003, regarding corrections to renew my corporation, and therefore am writing to request that the \$600 renewal fee be waived. I often work out-of-town and rely on family, friends or neighbors to collect my mail and newspapers in my absence. As a result, important mail has either been overlooked, discarded or misplaced. I am working to find a better method of mail collection to hopefully resolve this issue. As per your letter dated August 29, 2005, I am sending a check for the amount of \$141.25 to renew my corporation, The Corporate Character, Inc.

Please send all future correspondence to me at 131 Kenilworth Rd, Pensacola, FL 32503. If you should have any questions or concerns, please call me at (850) 572-9191. Thank you.

Sincerely,



Susan R. Ward, President
The Corporate Character, Inc.