

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
2000 UBL
Division of Corporations

08192

FILED

00 NOV -6 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000086301

1. Corporation Name

WE'RE ORGANIZED, INC.

Principal Place of Business

1100 NORTH 50 STREET
BLDG 2, STE I & J
TAMPA FL 33619

Mailing Address

1100 NORTH 50 STREET
BLDG 2, STE I & J
TAMPA FL 33619

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/29/1999

5. FEI Number

59-359 8224

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

SP

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MASSEY, DWANE E	1100 NORTH 50 ST, BLDG 2, STE I	TAMPA FL 33619
P	Goolsby, Rick	23980 SW 010 Hwy 99 Sherwood OR 97140 →	
T	Goolsby, Kelli	23980 SW 010 Hwy 99	Sherwood OR 97140

300003479213-2
-11/28/00--01102--024
****150.00 ****150.00

8. Name and Address of Current Registered Agent

MASSEY, DWANE E
1100 NORTH 50 STREET
BLDG 2, STE I & J
TAMPA FL 33619

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

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:

DWANE E MASSEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kelli Goolsby
corp. secretary / treasurer

08-25-00 503 706 5805
Date Daytime Phone #

CR2E040 (8/00)

We're Organized Inc.

pg 2 of 2
1100 North 50th St Bldg 2 STE I&J
Tampa FL 33619

November 02, 2000

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee FL 32314-6327

Dear Sirs,

I spoke with someone from the Department of State and they recommended that I write to you. We are a new business to your state and incorporated Sept. of 1999. I was not aware at the time that we would owe fees in May. The manager we had at the time has been let go. He was stealing from the company and had our mail forwarded to his personal residence. ~~We never recovered anything from him. That is the reason we never received our renewal~~ notice. I hope you will take this into consideration. We realize in the future that it will be our responsibility to send in our fees in a timely manner whether we receive a notice or not. Thank you.

Sincerely,

Kelli Goolsby

Kelli Goolsby
Treasurer/Corp. Secretary