

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 OCT 16 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000100816**

1. Corporation Name

INNER SANCTUARY, INC.

Principal Place of Business

Mailing Address

2205 12TH STREET NW
WINTER HAVEN FL 33881

2205 12TH STREET NW
WINTER HAVEN FL 33881



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. | | 11/15/1999 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | Applied For <input checked="" type="checkbox"/> 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) | | | |
| 1. Title(s) | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director | 4. City / State / Zip |
| D | JONES, CHARISSE | 2205 12TH STREET NW | WINTER HAVEN FL 33881 |
| | | | 200003440372--3 -10/26/00--01053--025 ****700.00 ****700.00 |
| | | | 200003440372--3 -10/26/00--01053--026 *****50.00 *****50.00 |
| | | | REINSTATEMENT <u>00</u> TS |
| | | | |

| | | | |
|---|--|---|--|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| JONES, CHARISSE 2205 12TH STREET NW WINTER HAVEN FL 33881 | | 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

Charisse L. Jones **REQUIRED**

Date

10/14/00

REGISTERED AGENT MUST SIGN

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:

Charisse L. Jones Charisse L. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/00 (863) 299-3740
Daytime Phone #

CR2ED40 (8/00)