

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

DOCUMENT # **P99000100816**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>OO</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 Zip Code
			FL

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 REGISTERED AGENT MUST SIGN Date: 10/14/00

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: Charisse L. Jones Charisse L. Jones Date: 10/14/00 (863) 299-3740 Daytime Phone #

CR2ED40 (8/00)