

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 10 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S58727**

1. Corporation Name

IT'S AMERICA, INC.

Principal Place of Business

2659 EGRETT COURT
TALLAHASSEE FL 32308
US

Mailing Address

2659 EGRETT COURT
TALLAHASSEE FL 32308
US

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



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/1991

5. FEI Number

59-2236655

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MINER, JUDY S.	2459 EGRET CT	TALLAHASSEE FL 32312

600024505046
11/07/03 01007 004 **150.00

8. Name and Address of Current Registered Agent

MINER, JUDY S.
2659 EGRET COURT
TALLAHASSEE FL 32312

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

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Judy S. Miner
REGISTERED AGENT MUST SIGN

Date

Nov. 3. 2003

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:

Judy S. Miner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judy S. Miner 11/03/03
Date

850 3863669
828 389-3705
Daytime Phone #

CR2040 (7/03)

Excuse the Paper!

Please reinstate
my Corporation. My husband
has had a stroke — In and
out of Hospitals from North
Carolina Atlanta to Tallahassee
I did not receive the
papers I needed to prevent
this from happening.

Thank you,

Sue Miner

here is my check for

150.00 to reinstate my
Corp. It's America Inc.