

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 OCT 20 AM 9:15

DOCUMENT # **P02000126264**

1. Corporation Name

IT WORKS & COMPANY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

350 SE 5TH AVENUE
POMPANO BEACH FL 33060

Mailing Address

350 SE 5TH AVENUE
POMPANO BEACH FL 33060



REINSTATEMENT 03

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

12/02/2002

5. FEI Number

EIN Number

54-2086219

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SMITH, NIGEL	350 SE 5TH AVENUE	POMPANO BEACH FL 33060

500023956765
10/20/03 01057 009 **150.00

8. Name and Address of Current Registered Agent

SMITH, NIGEL
350 SE 5TH AVENUE
POMPANO BEACH FL 33060

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

Oct 13th 2003

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct 13th 2003

Daytime Phone #

(954) 946-8564

CR20040 (7/03)

IT Works & Company, Inc (Doc # P02000126264)
350 SE 5th Avenue,
Pompano Beach, FL 33060

Date: October 13th, 2003

Florida Dept. of State
Division of Corporations
P.O Box 6327
Tallahassee, FL 32314

Dear Sir / Madam,

Please find enclosed a completed application and check (\$150) for Reinstatement of my corporation "IT Works & Company, Inc."

When I found out my company had been dissolved by the Florida Dept. of State I immediately called the customer service phone number to find out why this had occurred. A representative explained I should fill out the form and explain why this situation occurred in a letter.

This is my first year in business and I thought I had done everything necessary to maintain my business active with regards to the State. It wasn't until I receive this dissolution notice that I realize I had not received a Uniform Business Report and had failed to file this report before May 1st 2003.

Please accept my sincere apologies for this oversight. In the future I will be more informed as to what and when to file this information. Thank you for your time and attention.

Yours truly, Nigel Smith



President, IT Works & Company, Inc