


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 OCT 19 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **963000049878**

1. Corporation Name
WALLETS PLUS, INC

2. Principal Office Address 3070 W HEATHER DUNES CT		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LECANTO		City & State FL	
Zip 34461	Country CITURS	Zip	Country

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

5. EFL Number 77-0594606	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
LINDA GREEN

Street Address (P.O. Box Number is Not Acceptable)
3070 W HEATHER DUNES CT

Suite, Apt. #, Etc.

City
LECANTO

State
FL

Zip Code
34461

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* Date **10/17/06**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	LINDA GREEN	3070 W HEATHER DUNES CT	LECANTO, FL 34461

Subm. H. y 450⁰⁰ - Did not receive notice by mail!

2004

B 10/25/06

04-06

10. 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 contained in Chapter 119, 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]* Date **10/17/06** Daytime Phone # **352-746-9978**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR