

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 20 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H35393

1. Corporation Name

Puritan Budget Plan, Inc.

2. Principal Office Address

3039 Premiere Parkway

Suite, Apt. #, etc.

Suite 100

City & State

Duluth, GA

Zip

30097

Country

USA

3. Mailing Office Address

3039 Premiere Parkway

Suite, Apt. #, etc.

Suite 100

City & State

Duluth, GA

Zip

30097

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/18/1984

5. FEI Number

59-2489352

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 - Additional Fee required
for a Certificate of Status**

REINSTATEMENT *02*

7. Name and Address of Current Registered Agent

Name

Carlos Lidsky

Street Address (P.O. Box Number is Not Acceptable)

145 East 49th Street

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33013

800009090048

11/20/02--01005--010 **750.00

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

REGISTERED AGENT MUST SIGN

Date

11/7/02

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
P	Russell Jamieson	72 S. Orlando Ave.	Cocoa Beach, FL
VP	Russell Jamieson	72 S. Orlando Ave.	Cocoa Beach, FL
ST	Russell Jamieson	72 S. Orlando Ave.	Cocoa Beach, FL

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Russell Jamieson
Russell Jamieson

11/11/02

**(321)
459.9905**

CR2E081 (9/01)