

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC -8 PM 4:32

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H40735

1. Corporation Name

PLYMOUTH HOLDINGS COMPANY, INC.

2. Principal Office Address - No P.O. Box #

445 North Boulevard

Suite, Apt. #, etc.

8th Floor

City & State

Barton Rouge, LA

Zip

70802

Country

USA

3. Mailing Office Address

445 North Boulevard

Suite, Apt. #, etc.

8th Floor

City & State

Baton Rouge, LA

Zip

70802

Country

USA

10/07/08 01010 083
CR2E081 (12/07)
1056 00

4. Date Incorporated or Qualified To Do Business in Florida 2/1/1985

5. FEI Number 59-2494090

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name

THOMAS J. McLAUGHLIN, Esquire

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

200 South Orange Avenue

Suite, Apt. #, Etc.

City

Sarasota,

State
FL

Zip Code
34236

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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]
REGISTERED AGENT MUST SIGN

Date 10/16/08

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
DPST	Eliska M. Lynch	445 North Boulevard, 8th Floor	Baton Rouge, LA 70802

12/8/08
06-8

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:

Eliska M. Lynch

12-3-08

(225) 381-0550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #