

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 13 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000005505

1. Corporation Name

PLACE OF RESTORATION, INC.

426 SOUTH DIXIE HIGHWAY
PO BOX 697

2. Principal Office Address

426 SOUTH DIXIE HIGHWAY

3. Mailing Office Address

PO BOX 697

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH

City & State

POMPANO BEACH

Zip

33060

Country

USA

Zip

33061

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida JULY 19, 2002

5. FEI Number

13-4205499

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ELLEN GOODRUM

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

551 NW 42ND AVE

Suite, Apt. #, Etc.

B514

City

PLANTATION

State

FL

Zip Code

33317

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

Ellen Goodrum
REGISTERED AGENT MUST SIGN

Date 6/16/04

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	GOODRUM, SAMMY	2238 FARRAGUT STREET	HOLLYWOOD, FL 33020
S	GOODRUM, ELLEN	551 NW 42ND AVENUE #B514	PLANTATION, FL 33317
T	GOODRUM, SAMUEL J	2238 FARRAGUT STREET	HOLLYWOOD, FL 33020

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:

Ellen Goodrum Ellen Goodrum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/04

Date

754-234-0946

Daytime Phone #

CR2001 (07/04)