

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

03 MAY -7 AM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000078041

1. Corporation Name

Value Plus, Inc.

REINSTATEMENT 02-03

2. Principal Office Address

107 W Pine Street

Suite, Apt. #, etc.

3. Mailing Office Address

107 W Pine Street

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33815

Country

USA

Zip

33815

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3666618

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

Nancy Mumm

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

107 W Pine Street

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33815

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 04/25/2003

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	Mumm, Janel Noel	107 W Pine Street	Lakeland, FL 33815
V	Mumm, Julie Ann	107 W Pine Street	Lakeland, FL 33815

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:

Janel Noel Mumm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/2003 863/688-0996

Date

Daytime Phone #

CR2E081 (10/02)