


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUN 14 AM 8:15

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000090943**

1. Corporation Name
Plutedi, Inc.

2. Principal Office Address 201 S.W. 6th Ave.		3. Mailing Office Address P.O. Box 99	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State South Bay FL.		City & State South Bay FL.	
Zip 33493	Country Palm Beach	Zip 33493	Country Palm Beach

REINSTATEMENT 02-05

4. Date Incorporated or Qualified To Do Business in Florida 09-13-2001	
5. FEI Number 65-1137019	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name **Richard L. Heffernan**

Street Address (P.O. Box Number is Not Acceptable)
2911 E. Main St P.O. Box 617

Suite, Apt. #, Etc.

City **Pahokee** State **FL** Zip Code **33476**

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 **Richard L. Heffernan** Date **6/7/05**

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.	Edith G. Henderson	201 S.W. 6th Ave.	South Bay, FL 33493

200056144232
06/14/05--01018--005 **\$600.00
200056144232
06/14/05--01018--006 **\$8.75

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: **Edith G. Henderson** Pres. Date **6-7-05** Daytime Phone # **561 985-3885**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)

2 of 2

Dept. of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL. 32314

June 9, 2005

To Whom It May Concern:

Please reinstate the corporation Plutedi, Inc. for 2002, 2003, 2004 and 2005.
The owner never received the notices. The Corporation was formed in 2001 and the owner did not know that an annual report on the corporation needed to be filed.

Enclosed are two checks, one for \$600.00 and the other for \$8.75 for a status report.

Please abate any penalties as I did not receive the status reports.

Yours truly,

Edith G. Henderson

Edith G. Henderson, President