

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAR 15 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PD20000 22102

1. Corporation Name

PLUS ADVERTISING INC.

600030467156  
03/15/04--01033--010 \*\*308.75

2. Principal Office Address

2751 Emerald Island

Suite, Apt. #, etc.

Bldg. #2766

City & State

KISSIMMEE, FL

Zip

34747

Country

USA

3. Mailing Office Address

2751 Emerald Island

Suite, Apt. #, etc.

Bldg. #2766

City & State

KISSIMMEE, FL

Zip

34747

Country

USA

**REINSTATEMENT** 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

02-26-02

5. FEI Number

01-0698081

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

CAMP ENTERPRISES & ACCTG SVC.

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

2006 Michigan Ave

Suite, Apt. #, Etc.

1

City

Kissimmee

State

FL

Zip Code

34747

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 3/9/04

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
<u>P</u>	<u>Fabio Aranguibel</u>	<u>2766 Sun Key Place,</u>	<u>KISSIMMEE, FL, 34747</u>
<u>V</u>	<u>Liliana Gonzalez</u>	<u>2766 Sun Key Place,</u>	<u>KISSIMMEE, FL, 34747</u>

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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/09/04  
Date

4073465865  
Daytime Phone #

CP20081 (01/04)

TR