

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000059521

Entity Name: PELISCAN PLUS, INC.

FILED
Oct 16, 2006
Secretary of State

Current Principal Place of Business:

24750 LYONIA LANE
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

24750 LYONIA LANE
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 57-1172866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRIMBU, JAMES N
24750 LYONIA LANE
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES N STRIMBU

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DIROSARIO, RYON
Address: 24750 LYONIA LANE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: V () Delete
Name: DIROSARIO, JAMI D
Address: 24750 LYONIA LANE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: V () Delete
Name: STRIMBU, ANGELA
Address: 24750 LYONIA LANE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: S () Delete
Name: DIROSARIO, CZARINA
Address: 24750 LYONIA LANE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: T () Delete
Name: STRIMBU, JAMES
Address: 24750 LYONIA LANE
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CZARINA DIROSARIO

S

10/16/2006

Electronic Signature of Signing Officer or Director

Date