PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # p03000062400 1. Corporation Name Puff & Stuff Inc Suffice Address	CORPORATION REINSTATEMENT	Secretar	TMENT OF STATE y of State corporations		FILED SECRETARY OF STATE TALLAHASSEE. FLORIDA
2. Principal Office Address - No P.O. Box # 1947 Colonial Blvd 1948 Co	•			•	10 JUL 14 AM 9:40
1947 Colonial Blvd 1947 Colonial Blvd 1947 Colonial Blvd Suite, Apt. #, etc Suite, Apt. #, etc City & State Fort Myres FI Zip Country 33907 USa 7. Name and Address of Current Registered Agent Name Tamara Stanic Street Address (P.O. Box Number is Not Acceptable) 3026 Rain Dance Ln Suite, Apt. #, etc State Street Address (P.O. Box Number is Not Acceptable) 3026 Rain Dance Ln State City & State 33917 34 State 07/14/1001026007 ***1050.00	·				Va
Suite, Apt. #, etc City & State Fort Myres FI Zip 33907 Country Usa Country Usa Country Tamara Stanic Street Address (P.O. Box Number is Not Acceptable) 3026 Rain Dance Ln State City & State Fort Myers Country Suite, Apt. #, etc City & State Fort Myers FI Country Usa Subject of Status Desired Of Certificate of Status Country Uncountry Uncoun	•			L	
Suite, Apt. #, etc City & State Fort Myres FI Zip 33907 Country Usa Country Usa Country Tamara Stanic Street Address (P.O. Box Number is Not Acceptable) 3026 Rain Dance Ln State City & State Fort Myers Country Suite, Apt. #, etc City & State Fort Myers FI Country Usa Subject of Status Desired Of Certificate of Status Country Uncountry Uncoun	······································		Blvd	REINST	TATEMENT 08-10
Fort Myres FI Zip Country USA 33907 USA Country USA Significate of Status Desired Displayable Solid a Certificate of Status Solid a Certifi				Date incorp.	orated or Qualified
Solite, Apt. #, Etc. State Zip Code FL 33917 State Zip Code Status Zip Code Zip C	L • 1				
33907 Usa 33907 Usa 5. CERTIFICATE OF STATUS DESIRED 5. Status of Control Fee required for a Certificate of Status o					
Name Tamara Stanic Street Address (P.O. Box Number is Not Acceptable) 3026 Rain Dance Ln Suite, Apt. #, Etc. State Zip Code N. Ft Myers FL 33917 33917 33917				6, CERTIFICATE	
Tamara Stanic Street Address (P.O. Box Number is Not Acceptable) 3026 Rain Dance Ln Suite, Apt. #, Etc. City N. Ft Myers State Zip Code FL 33917 ***1050.00					
Suite, Apt. #, Etc. City N. Ft Myers State Zip Code FL 33917	Name Tamara Stanic				
City N. Ft Myers State Zip Code FL 33917	3026 Rain Dance Ln			07/1	4/1001026007 **1050.00
N. Ft Myers FL 33917	Suite, Apt. #, Etc.				
8. It being appointed the registered egent of the above named corporation am familiar with and accent the chilinations of earties 807 0505 or 817 0503 C.C.	•			*	
so in period and the registerior agent of the above manifed emphasion, and ranked with and accept the deligations of section 007,0000 of 017,0000, P.O.					
Signature of Registered Agent Date 7/6/2010 REGISTERED AGENT MUST SIGN	Registered Agent				Date
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director City / State / Zip	. Titles Name of Officers and/or Directors				City / State / Zip
Tamara Stanic 3026 Rain Dance Ln N. Ft Myers Fl 33917	Tamara Stanic	3020	6 Rain Dance	Ln	N. Ft Myers FI 33917
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10. E-mail Address: tamtbird@aol.com	10. E-mail Address: tamtbird@aol.com			11.	
(To be used for future annual report notification) 11. 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 sees owed by the corporation have been paid. I further certify, 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: 7/6/2010 239-246-5775					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		YPED OR PRINTED NAME O	F SIGNING OFFICER OR DIRECT	1/10/1	