

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL 14 AM 9:40

DOCUMENT # p03000062400

1. Corporation Name

Puff & Stuff Inc

2. Principal Office Address - No P.O. Box #

1947 Colonial Blvd

Suite, Apt. #, etc

3. Mailing Office Address

1947 Colonial Blvd

Suite, Apt. #, etc

City & State

Fort Myres FL

City & State

Fort Myers FL

Zip

33907

Country

usa

Zip

33907

Country

usa

4. Date Incorporated or Qualified
To Do Business in Florida

06/02/2003

5. FEI Number

331059103

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

Tamara Stanic

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

3026 Rain Dance Ln

Suite, Apt. #, Etc.

City

N. Ft Myers

State

FL

Zip Code

33917

800183277448
07/14/10--01026--007 **1050.00

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

Tamara J Stanic

REGISTERED AGENT MUST SIGN

Date **7/6/2010**

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
president/owner	Tamara Stanic	3026 Rain Dance Ln	N. Ft Myers FL 33917

10. E-mail Address: **tamtbird@aol.com**

(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 fees 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

Tamara J Stanic

TAMARA J STANIC

7/6/2010

239-246-5775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #