

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 15 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000074594

1. Corporation Name

Places, Inc.

2. Principal Office Address

36 Clarinda Lane

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip
32505

Country

Escambia

3. Mailing Office Address

36 Clarinda Lane

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip
32505

Country

Escambia

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/03

5. FEL Number

37-1471613

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

Freddie Weatherspoon

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

36 Clarinda Lane

Suite, Apt. #, Etc.

500074535535

05/14/06--01001--022 ***450.00

City

Pensacola

State

FL

Zip Code

32505

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

Freddie Weatherspoon
REGISTERED AGENT MUST SIGN

Date 03/01/06

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
P	Freddie Weatherspoon	36 Clarinda Lane	Pensacola, FL 32505

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 contained in Chapter 119, 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:

Freddie Weatherspoon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-1-06 850 438 0907

Daytime Phone #