


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT
2005 AR

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 28 PM 2: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200054223972
05/10/05--01079--013 **61.25

DOCUMENT # **03000085994**

1. Corporation Name
Power Plus Enterprises Inc.

2. Principal Office Address
6701 E. Smooth Bore Ave.
Suite, Apt. #, etc.

3. Mailing Office Address
6701 E. Smooth Bore Ave.
Suite, Apt. #, etc.

City & State
Glen St. Mary, FL
Zip 32040 **Country** USA

City & State
Glen St. Mary, FL
Zip 32040 **Country** USA

4. Date Incorporated or Qualified To Do Business in Florida 4-21-04

5. FEI Number 542120070
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **Additional Fee required**

7. Name and Address of Current Registered Agent

Name E.A. Holbrooks

Street Address (P.O. Box Number is Not Acceptable) 6701 E. Smooth Bore Ave.
Suite, Apt. #, Etc.

City Glen St. Mary **State** FL **Zip Code** 32040

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 E.A. Holbrooks **Date** 4-25-05
REGISTERED AGENT MUST SIGN

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	E.A. Holbrooks	6701 E. Smooth Bore Ave	Glen St. Mary, FL 32040
S	Priscilla Holbrooks	6701 E. Smooth Bore Ave	Glen St. Mary, FL 32040

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)(f), 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: Priscilla Holbrooks / Priscilla Holbrooks 4-25-05 904-259-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

56aw