PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

[FILED]

10 OCT -7 PH 2: 04

[...] OF STATE
[TALL]AHASSEE, FLORIDA

DOCUMENT # P03000122766

1. Corporation Name

A Plus Restoration, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4534 41st Avenue N.	
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
St. Petersburg, Florida	

Zip	Country	Zip	Country
33714	USA		

009-10   CR2E081 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida **10/31/2003**

5. FEI Number
52-2403738
☐ 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 Alex E Pemberton

Street Address (P.O. Box Number is Not Acceptable)
4534 41st Avenue N.

Suite, Apt. #, Etc.

City	State	Zip Code
St Petersburg	FL	33714

600185371536
10/07/10--01021--003 **952.50

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 _____   Date 10/5/2010

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
president	Alex Pemberton	4534 41st Ave. N.	St. Petersburg, FL, 33714
secretary	Susan Reboyras	4534 41st Ave. N.	St. Petersburg, FL, 33714
treasurer	Susan Reboyras	4534 41st Ave. N.	St. Petersburg, FL, 33714

10. **E-mail Address:** sreboyras@aplusrestorations.net

(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: _____   Oct. 5, 2010   727-527-2022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #