

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

142

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 OCT 10 AM 10:20

STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

05-06

CR2E081 (12/05)

DOCUMENT # P03000157770

1. Corporation Name

Jeff Plourde, Inc.

2. Principal Office Address

30505 Saint Joe Road

Suite, Apt. #, etc.

3. Mailing Office Address

30505 Saint Joe Road

Suite, Apt. #, etc.

City & State

Dade City, FL

City & State

Dade City, FL

Zip
33525

Country
USA

Zip
33525

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/10/04

5. FEI Number
33-1082756

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
Jeff Plourde

Street Address (P.O. Box Number is Not Acceptable)
30505 Saint Joe Road

Suite, Apt. #, Etc.

City
Dade City

State
FL

Zip Code
33525

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

Jeff Plourde

REGISTERED AGENT MUST SIGN

Date

10/6/06

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
PT	Jeff Plourde	30505 St Joe Road	Dade City, FL 33525
V	Michael Plourde	36915 Blanton Road	Dade City, FL 33525
ST	Valerie S Plourde	30505 Saint Joe Road	Dade City, FL 33525

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:

Valerie S. Plourde Valerie S. Plourde 10/9/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-
206-
5320

242

JEFF PLOURDE
30505 Saint Joe Road
Dade City, Florida 33525
(352)-588-4601
(352)-238-7985 cell
(352)-588-9923

October 9, 2006

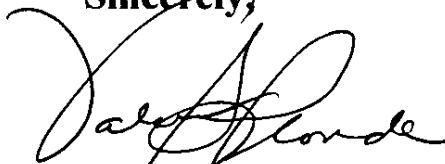
Florida Department of State
Corporation Reinstatement
P.O. Box 6327
Tallahassee, FL 32314

To Whom it May Concern:

I have attached the request for reinstatement of our Corporation, Jeff Plourde, Inc., Document # P03000157770. We were unaware that our Incorporation had become inactive, someone else had been handling this for us and we did not receive the 2005 Annual notices and due to this we are requesting that the reinstatement fee be waived.

Thank you.

Sincerely,



Valerie Plourde
Jeff Plourde, Inc.
Secretary