

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 11 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000002826

1. Corporation Name

The Pleasure Company, Inc.

REINSTATEMENT

05-09

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

23110 SR 54, #334

3. Mailing Office Address

23110 SR 54, #334

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lutz

City & State

Lutz

Zip

33549

Country

usa

Zip

33549

Country

usa

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

1994

5. FEI Number
59-3218218

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

Paul Morris

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

3507 Old Course Lane

Suite, Apt. #, Etc.

City

Valrico

State

FL

Zip Code

33594

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Paul Morris

REGISTERED AGENT MUST SIGN

Date

Feb 5, 2009

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
Pres	Karen Curry Hoffman	23110 SR 54, #334	Lutz, FL 33549

900131195669
02/11/09--01003--019 **90.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/2009 8139492021

To Whom It May Concern:

Please apply the \$600 sent previously. To Fein #593218218, I spoke with someone at your office and am sending the difference due of \$90 for complete reinstatement to be current per her instructions.

Thank you.

Karen Curry Hoffman, President
The Pleasure Company, Inc.
23110 SR 54, #334
Lutz, FL 33549
813-949-2021