

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000041997

1. Corporation Name

REVIEW Plus, Inc

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

23946 SW 108 PL

Suite, Apt. #, etc.

N/A

City & State

Homestead, FL.

Zip

33032

Country

USA

3. Mailing Office Address

23946 SW 108 PL

Suite, Apt. #, etc.

N/A

City & State

Florida Homestead,

Zip

33032

Country

USA

7. Name and Address of Current Registered Agent

Name

Earlyn Pirtheesingh

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

23946 SW 108 PL

Suite, Apt. #, Etc.

N/A

City

Homestead

State

FL

Zip Code

33032

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

*Earlyn Pirtheesingh*  
REGISTERED AGENT MUST SIGN

Date 1/17/08

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	Earlyn Pirtheesingh	23946 SW 108 PL.	Homestead, FL. 33032
V	Michael Nelson	16015 SW 101 Ave	Miami FL, 33157
D	Ricky Pirtheesingh	23946 SW 108 PL.	Homestead, FL. 33032

400115518314  
01/18/08--01025--024 \*\*2708.75

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:

*Earlyn Pirtheesingh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/08 786-547-5992

Daytime Phone #

FILED

08 JAN 18 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 95-08<sup>KS</sup>

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida

6/6/1994

5. FEI Number

650496890

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

☐ 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.