

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11 MAY 13 AM 1:52

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P 940000 78738**

1. Corporation Name

P+L Accounting and Tax Svc. Inc.

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

12739 S. TAMiami TR

Suite, Apt. #, etc.

NONE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

NONE

City & State

NORTH PORT, FLA

City & State

SAME

Zip

34287

Country

USA

Zip

SAME

Country

SAME

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/99

5. FEI Number

65-0329655

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

Phillip W. Pickrell

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

12739 S. TAMiami TRAIL

Suite, Apt. #, Etc.

City

NORTH PORT

State

FL

Zip Code

34287

300207660663

05/13/11--01022--023 **750.00

300207660663

05/13/11--01022--023 **150.00

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

Phillip W. Pickrell

Date

5/2/11

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
Pres	Phillip W. Pickrell	12739 S. TAMiami TR	NORTH PORT, FL 34287

10. E-mail Address: **pwp1/p@hotmail.com**

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Phillip W. Pickrell

Phillip W. Pickrell

5/2/11

941-726-7773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/13/11