

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 OCT -5 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # **P95000001025**

1. Corporation Name

PLANET CONSTRUCTION CORP

2. Principal Office Address

1901 N.W. 32 ST.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE 12

Suite, Apt. #, etc.

City & State

POMPAHO BEACH

City & State

Zip

FL

Country

USA

Zip

33064

Country

REINSTATEMENT 96-054. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ Applied For☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KERRY W. QUARLES

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

1901 N.W. 32 ST SUITE 12**300060714323****10/18/05--01041--004 #12 250.00**

Suite, Apt. #, Etc.

POMPAHO BEACH FL

City

State

FL

Zip Code

33064

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

REGISTERED AGENT MUST SIGN

Date

10/4/05

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.S.D.	KERRY W. QUARLES	1901 N.W. 32 ST SUITE 12	POMPAHO BEACH FL 33064

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 under section 119.07(3)(i), 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

10/4/05

Date

954-691-6899

Daytime Phone #