

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 18 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 95000002479

1. Corporation Name

PURPLE PORPOISE INC.

2. Principal Office Address

1045 MAIN ST

Suite, Apt. #, etc.

3. Mailing Office Address

1045 MAIN ST

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32601

Country

USA

Zip

32601

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. EEI Number

593292561

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2-05

7. Name and Address of Current Registered Agent

Name

JASON MITOW

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

10 S. MAIN ST

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32601

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 10/18/05

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
PRESIDENT	JASON MITOW	13584 49TH ST N #4	CLEARWATER, FL 33762
VP	KIMBERLY MITOW	606 S MAY ST, CRYSTAL BACH	CRYSTAL BACH, FL 34683
SEC	KIMBERLY MITOW	606 S MAY ST	CRYSTAL BACH, FL 34683
TRS	JASON MITOW	13584 49TH ST N #4	CLEARWATER, FL 33762

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

10/18/05

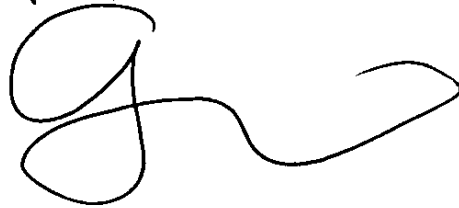
352 682 6302

Daytime Phone #
813 453 7455

I DID NOT RECEIVE ANNUAL
REPORT INFORMATION FOR 2002,
FOR PURPLE PORPOISE, INC.

P95000002479

JASON MITAW

A stylized, handwritten signature in black ink, appearing to be 'J. Mitaw'.