

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED
DIVISION OF STATE
DIVISION OF CORPORATIONS

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 DEC -8 PH 4: 08

DOCUMENT # P95000002479

1. Corporation Name
PURPLE PORPOSE, INC.
2286 A1A
INDIAN HARBOR BEACH, FL. 32937

2. Principal Office Address - No P.O. Box # As Above		3. Mailing Office Address As Above	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CR2E081 (10/08)

4. Date Incorporated or Qualified To Do Business In Florida 1/6/95	
5. FEI Number 59-3292561	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Steve Vagenas			
Street Address (P.O. Box Number is Not Acceptable) 2286 Hwy A1A			
Suite, Apt. #, Etc.			
City Indian Harbour Beach	State FL	Zip Code 32937	

☒ 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.

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12/18/08-011028-011 ***450.01

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 *Steve Vagenas*
REGISTERED AGENT MUST SIGN

Date 12/5/08

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	Vagenas, Steve	2286 A1A	INB FL 32937
S/T	Beckstrom, Kelly Marie	215 Aviation Ave	Palm Bay FL 32907

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:

Steve Vagenas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #