

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PAR 12/9/97

CORPORATION

FLORIDA DEPARTMENT OF STATE

Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 DEC 27 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 97-00 UBR  
P96000084624

1. Corporation Name

PRODUCT LOCATOR INC  
1107 E SILVER SPRINGS # 3  
OCALA FL 34470

W00000029315

2. Principal Office Address

1107 E SILVER SPRINGS

3. Mailing Office Address

Suite, Apt. #, etc.

3

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

Zip

34470

Country

MARION

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3404830

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

JOHN COOLEGE

800003524578

8

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

1107 E SILVER SPRINGS

-01/05/01--01024--024

\*\*\*\*615.00 \*\*\*\*615.00

Suite, Apt. #, Etc.

3

City

OCALA

State

FL

Zip Code

34470

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

John J. Coolege

REGISTERED AGENT MUST SIGN

Date

12-6-00

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

JOHN COOLEGE

1107 E SILVER SPRINGS

OCALA FL 34470

LS

97-00 UBR

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:

John J. Coolege

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-6-00

Daytime Phone #

CR2E081 (9/99)

SOLOGUREN C.P.A.

Page 2 of 2

**GEORGE SOLOGUREN, C.P.A.**  
1409 N.E. 22nd Avenue  
Ocala, Florida 34470

(352) 690-6869  
Fax: (352) 732-5673

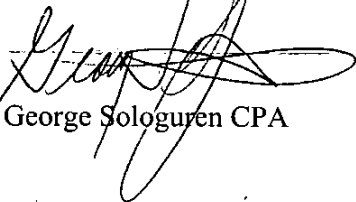
December 6, 2000

Department of State  
Division of Corporation  
PO Box 6327  
Tallahassee, Florida 32314

To Whom it May:

I have enclosed corporate reinstatement form for Product Locators, Inc. with a check in the amount of \$615.00. The corporation moved at the beginning of 1997 and has never received any annual reports. Please change the mailing address in your record the one shown in the reinstatement form.

Sincerely yours,



George Sologuren CPA