

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 OCT 25 PM 12:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P97000095315					
1. Corporation Name <i>Pure Energy Products of Florida, Inc.</i> <i>1700 S Ocean Blvd, 20 C</i> <i>Pompano Beach, Fla 33062</i>					
2. Principal Office Address <i>Same as above</i>		3. Mailing Office Address <i>Same as above</i>		REINSTATEMENT 2004	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. Date Incorporated or Qualified To Do Business in Florida <i>7-30-97</i>					
5. FEI Number <i>65-0808077</i>				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 <i>Bonnie Paul</i>					
Street Address (P.O. Box Number is Not Acceptable) <i>1700 S Ocean Blvd.</i>					
Suite, Apt. #, Etc. <i>20 C</i>					
City <i>Pompano Beach, Fla 33062</i>				State FL	Zip Code 33062
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 <i>Bonnie Paul, pro.</i>				Date <i>10-22-04</i>	
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	
<i>Pres</i>	<i>Bonnie Paul</i>	<i>1700 S Ocean Blvd</i>		<i>Pompano Beach, Fla.</i>	
				<i>33062</i>	
300042164013 10/25/04--01080--017 **150.00					
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)(f), 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: <i>Bonnie Paul, President</i>				Date <i>10-22-04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

2082

Fla Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fla.
32314

10-22-04

To whom it may concern:

Please reinstate Pure Energy
Products of Fla Inc. We did not
receive our renewal notice and
we would appreciate it, if you
would waive the late penalty.
Enclosed is our check for \$150.

Thank you,

Bonnie Paul,
President

954-784-0969