

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 25 PM 2:53

DOCUMENT # **PG8000035849**

1. Corporation Name

**Profit Plus Specialists of
America, Inc.**

2. Principal Office Address

11330 SW 164 St

3. Mailing Office Address

P O Box 571195

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33157

Country

USA

Zip

33157-1195

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

4-21-98

5. FEI Number

650829281

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

Christopher R Felton

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

11330 SW 164 St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157-2712

000004679290--9

11/14/01-01083-024

*****758.75 ***758.75**

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

[Signature]

Date **10/23/01**

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
Pres	Christopher R. Felton	11330 SW 164 St.	MIAMI FL 33157
VP	Christopher R. Felton	11330 SW 164 St.	MIAMI FL 33157
Secy	Christopher R. Felton	11330 SW 164 St.	MIAMI FL 33157
Treas	Christopher R. Felton	11330 SW 164 St.	MIAMI FL 33157

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] Christopher R. Felton

Date

10/23/01

Daytime Phone #

1-888-275-2807

CR2001 (8/00)