

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P99000073161**

1. Corporation Name

**POS PLUS, INC.**

Principal Place of Business

5602 WOODMERE LAKE CIRCLE  
A-102  
NAPLES FL 34112  
US

Mailing Address

5602 WOODMERE LAKE CIRCLE  
A-102  
NAPLES FL 34112  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/17/1999**

5. FEI Number

**65-0961328**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CANTOR, DEBORAH	5602 WOODMERE LAKE CIRCLE, A102	NAPLES FL 34112
V	STEVENS, GUY F	5602 WOODMERE LAKE CIRCLE, A102	NAPLES FL 34112

000024169230  
10/27/03--01075--012 \*\*150.00

8. Name and Address of Current Registered Agent

CANTOR, DEBORAH  
5602 WOODMERE LAKE CIRCLE  
A-102  
NAPLES FL 34112

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE**

Date

REGISTERED AGENT MUST SIGN

11. 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:

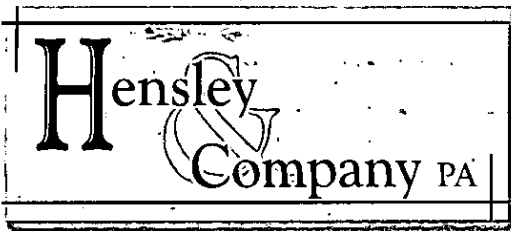
**SIGNATURE**  
**Deborah Cantor**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E04C (7/03)



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American Institute of Certified Public Accountants  
Florida Institute of Certified Public Accountants

## Certified Public Accountants

- Business & Personal Tax & Accounting
- Mortgages- Residential, SBA, Commercial

Monday, October 13, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**RE: POS PLUS, INC.  
Reproductions of Lee County, Inc.  
Document #: P99000073161**

Dear Sirs:

Please find my client's Uniform Business Report and enclosed check for \$150.00.  
Please waive penalty and reinstate corporation as client has not received prior notices.

Thank you,

Respectfully,

Neely Hensley  
Hensley & Company, PA