

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 SEP 20 07 3:51
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000101685**

1. Corporation Name

P.L.S. PROPERTIES, INC.

2. Principal Office Address

8768 Navarre Pkwy.

Suite, Apt. #, etc.

3. Mailing Office Address

8768 Navarre Pkwy.

Suite, Apt. #, etc.

City & State

Navarre, FL 32566

City & State

Navarre, FL 32566

Zip

32566

Country

Santa Rosa

Zip

32566

Country

Santa Rosa

4. Date Incorporated or Qualified To Do Business in Florida

11/19/1999

5. FEI Number

593613387

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 04-06
UCR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Paula Stuckey

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

8371 Mercado Street

Suite, Apt. #, Etc.

City

Navarre

State
FL

Zip Code

32566

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

Paula L. Stuckey
REGISTERED AGENT MUST SIGN

Date

9-25-06

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
PD	Paula Stuckey	8371 Mercado Street	Navarre, FL 32566
VP	Brian Stuckey	8371 Mercado Street	Navarre, FL 32566
			500080179285 09/25/06--01038--002 **1050.00

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 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:

Paula L. Pullum Stuckey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-25-06

Daytime Phone #

850-939-0458