

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 FEB 28 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **509309**

1. Corporation Name

**PRODUCT RESOURCE CONSULTANTS, INC.**

300067378343  
03/08/06--01008--010 \*\*1050.00

2. Principal Office Address

**117 DIEDRICH ST.**

Suite, Apt. #, etc.

3. Mailing Office Address

**117 DIEDRICH ST.**

Suite, Apt. #, etc.

City & State

**EUSTIS, FL**

City & State

**EUSTIS, FL**

Zip

**32726**

Country

**USA**

Zip

**32726**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**OCT. 23, 1990**

5. FEI Number

**59-3036973**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**G. EDWARD CLEMENT, ESQ.**

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

**308 E. FIFTH AVE.**

Suite, Apt. #, Etc.

City

**MT. DORA**

State

**FL**

Zip Code

**32757**

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

*G. Edward Clement*

Date **2/27/2006**

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
<b>Pres.</b>	<b>JAMES DAVID POWLTER</b>	<b>117 DIEDRICH ST. EUSTIS, FL</b>	<b>EUSTIS, FL 32726</b>
<b>V.P.</b>	<b>LAURA J. POWLTER</b>	<b>117 DIEDRICH ST.</b>	<b>EUSTIS, FL 32726</b>
<b>Sec.</b>	<b>GARY THOMAS STACEY</b>	<b>11202 N.W. 14<sup>th</sup> CT.</b>	<b>PAUBROKE PINES, FL 33026</b>

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:

*James A. Poulter*

**JAMES DAVID POWLTER**

**2/27/2006 407-257-**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #