


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

DOCUMENT # **658726**

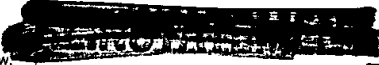
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1. Corporation Name
10005 P.J.'S, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business **4145 HENDERSON BLVD**
~~10005 N FL AVE~~
 TAMPA FL ~~33612~~ **33629**
 US

Mailing Address **4145 HENDERSON BLVD**
~~10005 N FLORIDA AVE~~
 TAMPA FL-~~33612~~ **33629**
 US



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 03/10/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1984640	
City & State		City & State		Applied For <input type="checkbox"/>	
Zip		Country		Not Applicable <input type="checkbox"/>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PDS	PALORI, JR PETE A	10005 N FLORIDA AVENUE 4145 HENDERSON BLVD	TAMPA FL 33629
			500004705685--3
			-12/05/01--01033--008
			****150:00 ****150:00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PALORI, PETE A, JR 3020 W. KENNEDY BLVD. 4145 HENDERSON BLVD TAMPA FL 33609 33629		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.

Signature of Registered Agent *[Signature]* Date **11/12/01**

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]* Date **11/12/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE040 (8/01)