

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED  
 99 MAY 24 PM 1:51  
 TALLAHASSEE, FLORIDA

DOCUMENT # **F96000002134**  
 1. Corporation Name  
**PEBAR, INC.**

Principal Place of Business Mailing Address  
**c/o Don M. Sallinger, Esquire Same**  
**5520 LBJ Freeway, suite 340**  
**Dallas, Texas 75240**

2. New Principal Office Address, if Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. New Mailing Office Address, if Applicable  
**LYNN & HANSON, P.A. (ATTN: John Lynn)**  
 Suite, Apt. #, etc.  
**48 NE 15 Street, Second Floor**  
 City & State  
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida  
**4/15/96**

5. FEI Number  
**75-2585643**

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)

1	2	3	4
Titles(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	Eligio Barrios	c/o Don M. Sallinger, Esquire 5520 LBJ Freeway, Suite 340	Dallas, Texas 75240
V-Pres.	Elaine Hall	Same as above	

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**REINSTATEMENT**

8. Name and Address of Current Registered Agent

**John M. Lynn, Esquire**  
**LYNN & HANSON, P.A.**  
**48 NE 15 Street, Second Floor**  
**Homestead, Florida 33030**

9. Name and Address of New Registered Agent:

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
**FL**

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: **5/17/99**

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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)(c), 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Eligio Barrios**

Date: **5/17/99**