

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 JAN 22 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F98000006054**

1. Corporation Name

PPI EQUITIES, INC.

Principal Place of Business

Mailing Address

~~3435 BALBOA BLVD
100
ENCINO CA 91316~~

~~3435 BALBOA BLVD
100
ENCINO CA 91316~~



REINSTATEMENT

01-02

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

2. New Principal Office Address, If Applicable
6345 BALBOA BLVD.

Suite, Apt. #, etc.
Bldg III, Suite 270

City & State
ENCINO CA

Zip
91316

Country
USA

3. New Mailing Office Address, If Applicable
6345 BALBOA BLVD.

Suite, Apt. #, etc.
Bldg III, Suite 270

City & State
ENCINO CA

Zip
91316

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

10/30/1998

5. FEI Number

95-4287151

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CPS	PHILLIPS, MARK	1240 11TH ST.	MANHATTAN BEACH CA 90266
CVT	PHILLIPS, SCOTT	1304 ELM AVE.	MANHATTAN BEACH CA 90266
			400004844724--3 -01/30/02--01053--012 ***300.00 ***300.00 LS

8. Name and Address of Current Registered Agent

**FLORIDA COMPLIANCE SPECIALISTS, INC.
1331 E. LAFAYETTE ST., STE. F
TALLAHASSEE FL 32301**

9. Name and Address of New Registered Agent

Name
Florida Compliance Specialists, Inc.
Street Address (P.O. Box Number is Not Acceptable)
2331 Hansen Place
Suite, Apt. #, Etc.
City
Tallahassee State
FL Zip Code
32301

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date

1/21/02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-17-02

Daytime Phone #

CR2E040 (8/01)