

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN -4 AM 11:10

DOCUMENT # F98000007128

1. Corporation Name *Peyton Enterprises, Inc.*
THREE P, INC.

200156796712
06/04/09--01046--008 **1350.00

2. Principal Office Address - No P.O. Box # 3811 Idlewood Drive		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pensacola, FL		City & State	
Zip 32505	Country USA	Zip	Country

CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida	05/01/1997
5. FEI Number 59-3449919	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name C.C. Peyton			
Street Address (P.O. Box Number is Not Acceptable) 3811 Idlewood Drive			
Suite, Apt. #, Etc.			
City Pensacola	State FL	Zip Code 32505	

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *C.C. Peyton*
REGISTERED AGENT MUST SIGN

Date *5/28/09*

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
Pres.	Peggy P. Peyton	3811 Idlewood Drive	Pensacola, FL 32505
VP	C.C. Peyton	3811 Idlewood Drive	Pensacola, FL 32505

REINSTATEMENT 01-09

BS 6/9/09

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: *C.C. Peyton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *5/28/09*

(850) 469-0565
Daytime Phone #