

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Northam**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

98 NOV 25 AM 10:43

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000053364**

1. Corporation Name  
**P & C EDEN, INC.**

Principal Place of Business 4533 SE DIXIE HIGHWAY STUART FL 34997	Mailing Address 4533 SE DIXIE HIGHWAY STUART FL 34997
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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 <b>07/05/1995</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0590486</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	



7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	EDEN, PAUL B	5005 SE LISBON CIR 4330 SE Bay Shore Terr.	STUART FL
SD	EDEN, CAROL N	5005 SE LISBON CIR 4330 SE Bay Shore Terr.	STUART FL 34997
VP	ROCKWOOD, DANIEL B	604 SW 35TH STREET #4 3219 S.E. Cypress St.	PALM CITY FL 34990 Stuart 34997
			200002702182--1 -12/03/98--01088--012 ****750.00 ****750.00
<b>REINSTATEMENT</b> <i>98</i>			

8. Name and Address of Current Registered Agent <b>BASS, DONALD L</b> 7166 SE OSPREY ST HOBE SOUND FL 33455		9. Name and Address of New Registered Agent Name <b>Paul B. Eden</b> Street Address (P.O. Box Number is Not Acceptable) <b>4533 SE Dixie Hwy.</b> Suite, Apt. #, Etc. City <b>Stuart</b> State <b>FL</b> Zip Code <b>34957</b>	
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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]* **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN Date 11/23/98

11. This corporation owes or has paid 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)(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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date 11/23/98 Daytime Phone # (561) 283-0094

CR2EC40 (9/98)