314339

Reinstatement
Filed 10-11-94

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2pgs.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
1994 OCT 11 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 314339

1. Corporation Name
P-I-E NATIONWIDE, INC.

Mailing Address	Principal Place of Business
4814 PHILLIPS HIGHWAY JACKSONVILLE FL 32207	4814 PHILLIPS HIGHWAY JACKSONVILLE FL 32207

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

700001812527
-10/11/94--01173--008
****383.75 ****383.75
DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable	3. New Principal Office Address, if Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/27/1967

5. FEI Number: 59-1262606

6. CERTIFICATE OF STATUS DESIRED [✓] $8.75 Additional for a Certified Copy

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

Title(s) 1	Name of Officers and or Directors 2	Street Address of Each Officer and or Director (Do NOT Use Post Office Box Numbers) 3	City State Zip 4
TR	WHITAKER, LLOYD T.	4814 PHILLIPS HWY.	JACKSONVILLE FL
VP	TOMM, CHARLES B.	4814 PHILLIPS HWY.	JACKSONVILLE FL

REINSTATEMENT

94 CUS
PD 10-12.5-94

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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] PETER F. SOUZA ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN
Date: 9/28/94

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [ ] (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [✓] No [ ] (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I understand that I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public inspection. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this application as provided for in Chapter 607 or 617, F.S. I further certify that to the best of my knowledge, 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., all fees owed by the corporation have been paid. 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] CHARLES B. TOMM 9/28/94 904-731-0582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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