PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUL -9 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02028

1. Corporation Name
P.J. DESIGNS, INC.

REINSTATEMENT 02-03

11/27/02 01107 003 150.00
02/10/03 01115 024 600.00

2. Principal Office Address	3. Mailing Office Address
2830 46th AVE N	2830 46th AVE N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST PETERSBURG FL	City & State: ST PETERSBURG, FL
Zip: 33714 Country: USA	Zip: 33714 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10-17-1980

5. FEI Number: 592043751 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: HERBERT KOSTERLITZ

Street Address (P.O. Box Number is Not Acceptable): 2830 46th AVE N

500021569615
07/16/02--01003--001 **158.75

Suite, Apt. #, Etc.

City: ST PETERSBURG State: FL Zip Code: 33714

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: _____ REGISTERED AGENT MUST SIGN Date: 7/07/03

CR2E081 (10/02)

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
PSD	PEGGY JENNINGS	1515 PARK ST N	ST PETERSBURG FL 33714
C	HERBERT KOSTERLITZ	1515 PARK ST N	ST PETERSBURG FL 33714
VP	JOHN JENNINGS	1405 HORATIO	TAMPA FL 33606

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 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: _____ 7/07/03 727 575 0599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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