

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # F95000003447

1. Corporation Name Pedus Services, Inc.

Principal Place of Business Mailing Address 601 Potrero Grande Dr. Monterey Park, CA 91755

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

2 New Principal Office Address, If Applicable 3 New Mailing Office Address, If Applicable

Suite, Apt #, etc. Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country

FILED 00 APR 28 PM 4:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA

REINSTATEMENT

97-99 00

4 Date Incorporated or Qualified To Do Business in Florida 7/18/95

5 FEI Number 95-3313187 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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: D/P/S/T, Richard G. Jackson, 601 Potrero Grande Dr., Monterey Park, CA 91755

700002855487-4

8. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System, Inc. 1201 Hays Street, Suite 105 Tallahassee, FL 32301

9 Name and Address of New Registered Agent

Corporation Service Company 1201 Hays Street Suite, Apt #, Etc

Tallahassee FL 32301

10 I, being appointed the registered agent of the above named corporation, Karen B. Rezar, Asst. Sec. obligations of Section 607.0505, F.S.

Signature of Registered Agent Karen B. Rezar REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No [X]

(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: Richard G. Jackson President 4/16/99 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRPE001 (12-98)