PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	DEPARTMENT OF STATE	FILED		
REINSTALEMENT REPRESENTATION	Secretary of State sion of corporations	2007	NOV 14 PM 3:43	
DOCUMENT # 6 16314 1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
	s, Incorporated			
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address //		800112388568 11/16/0701055017 **2108.75		
10701 N. W. 25 Apr. 10701 N. W. 25 Hille, Suite, Apt. #, etc.			CR2E081 (1/07)	
City & State City & State		4. Date Incorporate To Do Business		
Mizmi, Florida Miz	spirol from	5. FEI Number 5922'	Applied For Not Applicable	
21p Country Zip 33/67 U.S.A. 33/6	62 U.S.A.	6. CERTIFICATE OF S	TATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
Name Name Street Address (P.O. Box Number is Not Acceptable) A Company of the		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		
Suite, Apt. #, Etc.				
City Miam! State 33/67		fee be wai	vea.	
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 Date Date Date				
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	
PCD Wright, SONNY 10701 N.W. 25th,			Miami, fla. 33/67	
D Shornstein, Dave 9322 S.W. 18th Place Milmitte				
D Atchinson, Samuel 3313S. Douglas Ros Missman, Als.				
D Bearley, DON	2666 Tiger !!	Ave C	econof Grove, flz.	
/'	REI	NSTAT	EMENT / 1994 - 2007	
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.				
NATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR Date Davigne Phone &				

THE DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CLIFTON BUILDING
2661 EXECUTIVE CENTER CIRCLE
TALLAHASSEE, FLORIDA 32301
October 25, 2007
RE; DOCUMENT 3G16314
F.E.I.# 592246861
PEOPLES BANKSHARES,INC.
REQUEST FOR REINSTATEMENT
OF CORPORATION

DEAR GENTLEMEN;

Please find enclosed our check #-1972- as payment in full to reinstate the Corporation reflected in the above caption. The annual renewal notifications were never received, therefore we ask that the reinstatement fee be waived. The total amount of the check is Two Thousand One Hundred Dollars (\$2,100.00).

We would appreciate this request being expedited as quickly as possible and Mailed to this address: PEOPLES BANKSHARES, INC.

10701 N.W. 25th. Avenue Miami,Florida 33167

Thanking you in advance for your consideration and cooperation.

Respectfully,

PEOPLES BANKSHARES,INC. CHAIRMAN OF THE BOARD