

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 FEB -9 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G89050

1. Corporation Name

P.E.K. INC.

2. Principal Office Address

100 VISTA ROYALE BLVD

Suite, Apt. #, etc.

City & State

VERO BEACH, FLORIDA

Zip

32962

Country

INDIAN RIVER

3. Mailing Office Address

5701 GLEN EAGLE LANE

Suite, Apt. #, etc.

City & State

VERO BEACH, FLORIDA

Zip

32967

Country

INDIAN RIVER

REINSTATEMENT 00-07

4. Date Incorporated or Qualified To Do Business in Florida

3/6/84 SP

5. FEI Number

592386915

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

KIRK W. KOEHLER

Street Address (P.O. Box Number is Not Acceptable)

5701 GLEN EAGLE LANE

Suite, Apt. #, Etc.

100003744871-8

-02/21/01--01035--008

****900.00 ****900.00

City

VERO BEACH

State

FL

Zip Code

32967

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

[Signature]

Date

2/5/01

REGISTERED AGENT MUST SIGN

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
D,P,S,T	KIRK W. KOEHLER	5701 GLEN EAGLE LANE	VB, FL 32967

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:

[Signature]

KIRK W. KOEHLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/01

Date

561-562-0019

Daytime Phone #

CR2E081 (9/00)