

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR -7 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J53242

1. Corporation Name

PILATUS, INC.

REINSTATEMENT

600031996216
04/06/04--01055--002 **900.00

2. Principal Office Address 2903 CHELSEA WOODS DR. Suite, Apt. #, etc.		3. Mailing Office Address 2903 CHELSEA WOODS DR. Suite, Apt. #, etc.	
City & State VALRICO FL		City & State VALRICO FL	
Zip 33594	Country USA	Zip 33594	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 01/20/1987	
5. FEI Number 592763533	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name NEAL WEINSTEIN		
Street Address (P.O. Box Number is Not Acceptable) 412 EAST MADISON STREET		
Suite, Apt. #, Etc. SUITE 1111		
City TAMPA	State FL	Zip Code 33602

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 *Neal Weinstein* Date 3/29/04
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
VPD	ROSEMARIE ADAM	2903 CHELSEA WOODS DR.	VALRICO FL 33594
D	HENRI DEMARTELL	2933 CHELSEA WOODS DR.	VALRICO FL 33594
D	DONALD A. ADAM	18542 BEACHMONT AVENUE	SANTA ANA CA
D	BEVERLY ADAM	18542 BEACHMONT AVENUE	SANTA ANA CA

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)(l), 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: *Rosemarie Adam* ROSEMARIE ADAM 3-30-2004 813-689-8001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)