PLEASE READ	ALL INSTRUCTIONS	BEFORE C	OMPLETING TH	IIS FORM.	
APPLICATION FLORIDA DEPARTMENT O			;		
FOR	Sandra B. Mortham				•
REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS		FILED		
DOCUMENT # LQ8173			97 APR 15 PM 12: 50		
PEI EXPORT, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
6429 FOREST LAKE DRIVE			TALLAHASSEE, FLORIDA		
ZEPHYRHILLS, FLORIDA 33540 Principal Place of Business Mailing Address					
6429 FOREST LAKE DRIVE					
ZEPHYRHILLS, FLORIDA 33540			- TENACATON ON		
			REINSTATEMENT 94-07		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				• • • • • • • • • • • • • • • • • • • •	···
New Principal Office Address, If Applicable     New Mailing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida		
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number Applied For		
City & State City & State			65-0110985	Not Applica	
Zip Country	Zip Coun	try	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee record for a Certificate of State		
7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)					
Name of Officers Title(s) and/or Directors		City / State / Zip			
1 2 3 (Do NOT L		Use Post Office Box N	Numbers) 4		
PRES ALLAN WEBB		ST LAKE DRIV			
				•	
				Adchi	
			1 6	27 HILLY	
			<u> 5000</u>	02145155	9
			-u   *	**1245.00 ***1245.00	n
8. Name and Address of Current	Registered Agent		9. Name and Address of		
ALLAN WEBB ALLAN WEB					
6429 FOREST LAKE DRIVE	Street Address (P	Street Address (P.O. Box Number is Not Acceptable)			
REPHYRHILLS, FL. 33540	Suite, Apt. #, Etc.	6429 FOREST LAKE DRIVE Suite, Apt. #, Etc.			
1	City	City State Zip Code			
		ZEPHYRHIL		FL 33540	
10. I, being appointed the registered agent of the abo Signature of	pe named corporation, am familiar	with and accept the ob	oligations of Section 607.050	•	
Registered Agent MUST SIGN			Date 4/14/97		
		ho			$\dashv$
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No X (See other side for information on intangible tax.)					
12. I certify that I am an officer or director or the receiv	ver or trustee empowered to execut	e this application as p	rovided for in chapter 607 or	617, F.S. I further certify that when filing	,
this reinstatement application, the reason for disso owed by the corporation have been paid and the r on this application is true and accurate, and my sig	lution has been eliminated, the corp names of individuals listed on this fo	porate name satisfies t frm do not qualify for a	the requirements of section an exemption under section	607.0401 or 617.0401. F.S., that all fees	
SIGNATURE: 4/14/97 (813) 783-7979  Date Daytime Priorie #					