

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

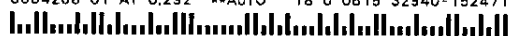
2004 JAN -6 AM 9:00

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000018484

Name and Mailing Address

0004208 01 AT 0.292 **AUTO T8 0 0615 32940-152471



PKP, LLC
1071 STRATFORD PLACE
MELBOURNE FL 32940-1524

300026059933
01/06/04--01007--020 **150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/22/2002	
Principal Place of Business 1071 STRATFORD PLACE MELBOURNE FL 32940	3. New Principal Place of Business Address City, State, Zip	6. FEI Number APPLIED FOR	Applied For Not Applicable
8. Name and Address of Current Registered Agent EDEN, JENNIFER S 390 NORTH ORANGE AVE., STE. 600 ORLANDO FL 32801		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>[Signature]</i> Date 12/30/03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MM	PERRY OSMAN	625 EAST NASA BLVD	MELBOURNE, FL 32940
Mgr	KEN ROSENFELD	1071 STRATFORD PLACE	MELBOURNE, FL 32940
Mgr	PAUL OSMAN	625 EAST NASA BLVD	MELBOURNE, FL 32940
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager <i>[Signature]</i>		Date 12/01/03	Daytime Phone # 321-508-4921
Typed or printed name of signing Managing Member/Manager			

REINSTATEMENT 2003

CR20034 (7/03)