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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M0000000015 1. Limited Liability Company's Name PETER JON CO., LLC			
2. Principal Office Address - No P.O. Box # 1019 Route 519 Suite, Apt. #, etc.		3. Mailing Office Address 1019 Route 519 Suite, Apt. #, etc.	
City & State Eighty Four, PA		City & State Eighty Four, PA	
Zip 15330	Country USA	Zip 15330	Country USA
4. State/Country of Formation PA/USA			
5. Date Organized or Qualified To Do Business in Florida 1/3/2000			
6. FEI Number 25-1757195		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>			
<input type="checkbox"/> A \$100 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 \$100 reinstatement be waived.			
8. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation			
		State FL	Zip Code 33324
9. 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>James M. Newsome</i> JAMES M. NEWSOME Date: 3/13/07 REGISTERED AGENT MUST SIGN Special Assistant Secretary			
10. Names and Street Addresses of Managing Member/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Margaret H. Magerko	1019 Route 519	Eighty Four, PA 15330
REINSTATEMENT 2001-2007			
11. 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>M. H. Magerko</i>		Date: 3/12/2007	Daytime Phone #: (724) 228-3636
Typed or printed name of signing Managing Member/Manager: Margaret H. Magerko			

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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