

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 17 AM 8:00

DOCUMENT # **N01000007743**

1. Corporation Name

600036520416
05/17/04--01069--001 **306.25



REINSTATEMENT 03-04
MRB

PE-TASHLEY'S INCORPORATED

Pe-Tashley's Incorporated
Principal Place of Business Mailing Address
16162 N.W. 27TH AVE. 2515 N.W. 166TH ST.
OPA LOCKA FL 33054 OPA LOCKA FL 33054

*2515 NW 166th St.
Miami Gardens, FL 33054*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. <i>2515 NW 166th Street</i>		Suite, Apt. #, etc. <i>2515 NW 166th Street</i>		10/25/2001	
City & State <i>2515 NW 166th Street</i>		City & State <i>Miami Gardens, FL</i>		5. FEI Number <i>14-1859052</i>	
Zip <i>33054</i>		Country <i>Miami-Dade</i>		APPLIED FOR	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				Not Applicable	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>DP/DO</i>	SWEETING, JOYCE D	2130 NW 171ST STREET	MIAMI FL 33056
<i>VP/D</i>	FREEMAN, BOOKER	631 NE 162ND STREET	NORTH MIAMI BEACH FL 33162
<i>BS S/D</i>	JOHNSON, SONYA M	6768 SW 33RD STREET	MIRAMAR FL 33023
<i>BT T</i>	ALEXIS, STANLEY	9716 SW 14TH COURT	MIAMI FL 33196
<i>ST VT</i>	SINGLETON, ELIZABETH M	18970 NW 6TH COURT	MIAMI FL 33169
<i>CEO + CFO</i>	PETERS, EVELYN	2515 N.W. 166 ST.	OPA LOCKA FL 33054

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PETERS, EVELYN
2515 N.W. 166TH ST.
OPA LOCKA FL 33054

Name *Evelyn Peters*
Street Address (P.O. Box Number is Not Acceptable)
2515 NW 166th Street
Suite, Apt. #, Etc.
City *Miami Gardens* State **FL** Zip Code *33054*

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent *Evelyn Peters* **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date *May 13, 2004*

11. 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: *Evelyn Peters* **SIGNATURE REQUIRED** *May 13, 2004* (305) 430-9802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)