| | PL | EASE READ | ALL INST | TRUCT | IONS BEFOR | RE COMPLE | ING THIS FORM. ED | |
|---|---------------------------|----------------------------|--|---------------------------------|--|--------------------------|--|-----------------|
| CORPORATION FLORIDA REINSTATEMENT | | | | | DEPARTMENT OF STATE Secretary of State rision of corporations | | 03 OCT 13 PM 2:50 TALLAHASSEE, FLORIDA | |
| | UMENT # | N0200000 | 4544 | | · When the state of the state o | | | |
| • | | KE OF PEACE | E AND MA | AN. INC | \ '. | 1 | • | |
| | | | | . • | | | رمين منتس رمين منتس رمين ومنتر ومنتس رمين رمين ومنتس رمين | |
| | | | _ | | | -10/4 | 00023768950 3/03-01108-7010 **61.250 | 2 |
| | al Office Address | 50.00.0 | 3. Mailing (| | | किडिबेट | | <u> </u> |
| 21 FLETCHER COURT 25 OLD Suite, Apt. #, etc. Suite, Apt. #, | | | | | S RD., N | | | |
| 4-B | | | | 4. Data to | | 4. Date Inco | proprieted or Qualified of 06.13,2002 | 7 |
| City & State . City & Sta | | | | | | 5. FEI Numl | | |
| PALM COAST, FL Zip Country | | | PALM COAST, FL | | , FL Country |) | 528540 Not Applicat | ole |
| 32137 | | SA | 32137 | | USA | 6. CERTIFICA | TE OF STATUS DESIRED \$8.75 Additional Fee requirements for a Certificate of Status | |
| | | | 7. 1 | Name and A | ddress of Current Re | gistered Agent | | _ |
| Name MAKROPOLO, JANE | | | | | | | | |
| | Street Address | (P.O. Box Number is N | mber is Not Acceptable) 21 FLETCHER CT | | | | | |
| | Suite, Apt. #, Etc. | | | | | | | |
| | City DALLA COACT 51 00407 | | | | | | State Zip Code | |
| | PALM COAST, FL 32137 | | | | | | FL 32137 | - - |
| 8. I, being | appointed the reg | 110 | amed corpo | oration, am f | amiliar with and accept | the obligations of sec | tion 607.0505 or 617.0503, F.S. | CR2E081 (10/02) |
| Signature of Registered Agent Moscock he | | | | | ENT NUOT CION | | Date10.02.2003 | R2E08 |
| 0 11 | | | EGISTERED AC | | | | · · · · · · · · · · · · · · · · · · · | ┩` |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le | | | | | | f Each | City I State I Tie | 1 |
| - 1000 | Officers and/or Directors | | Officer and/or Direct | | | irector | City / State / Zip | - |
| P | MAKROPOLO, JANE . | | · '- | 21 FLETCHER CT | | | -PALM-COAST, -FL 32137 | _ |
| VP . | MEERSON, OLEG | | | 25 OLD KINGS RD., N., SUITE 4-B | | | PALM COAST, FL 32137 | |
| Т | MAKROPOLO, ALEX | | | 21 FLETCHER C | | | PALM COAST, FL 32137 | |
| } | | | | | ` | 1 | | 1 |
| | | _ | , | | <i>\</i> | 11119 | | |
| | | | | | | 110/12 | | 1 |
| 10 Loodifi | v that I am an offic | er or director or the roce | iver or trustee er | mnowered to | execute this application | n as provided for in or | papter 607 or 617, F.S. I further certify that when filing | 4 |
| this rei | nstatement applica | ation, the reason for diss | olution has been | n etiminated, | the corporate name sa | itisfies the requirement | is of section 607.0401 or 617.0401, F.S., that all fees der section 119.07(3)(i), F.S. The information indicated | |
| | | and accurate, and my s | | | | | V /// | |

BLEC MEERSON-UP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.02.2003 386-447-1980

Date

For The Sake of Peace and Man, Inc.

25 Old Kings Rd., N., Suite 4-B, Palm Coast, FL 32137 Tel.: (386) 447-1980, Toll free 1-888-566-8227, Fax: (386) 447-1982, <u>www.peaceandman.org</u>

To: Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Re: Corporation Reinstatement

October 2, 2003

Dear Sir/Madam

Our Non-Profit Corporation was filed on June 13, 2002. Since then we never received Uniform Business Report for the year of 2003. Please waive Reinstatement Fee of \$175.00 for Non-Profit Corporation. Please find enclosed company check for \$61.25 of Annual Report Fee.

We properly receive all mails for our Corporation on two addresses: 25 Old Kings Rd., N., Suite 4-B; Palm Coast, FL 32137 or 21 Fletcher Court, Palm Coast, FL 32137 and never change the address.

Thank you very much for your cooperation.

Sincerely,

Oleg Meerson Vice President

e - 1