

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000002778

FILED
Oct 19, 2004
Secretary of State**Entity Name:** PEER, INC.**Current Principal Place of Business:**4013 E. FOWLER AVE.
TAMPA, FL 336172622**New Principal Place of Business:**5892 E. FOWLER AVENUE
TAMPA, FL 336172312**Current Mailing Address:**4013 E. FOWLER AVE.
TAMPA, FL 336172622**New Mailing Address:**5892 E. FOWLER AVENUE
TAMPA, FL 336172312**FEI Number:** 20-0017147 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**STULL, R. JEFFREY ESQ.
602 SOUTH BLVD.
TAMPA, FL 33606 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** PSD () Delete
Name: RIES, THOMAS F
Address: 4013 E. FOWLER AVE.
City-St-Zip: TAMPA, FL 336172622**Title:** VTD () Delete
Name: KLAUS, SANDRA S
Address: 4013 E. FOWLER AVE.
City-St-Zip: TAMPA, FL 336172622**Title:** D () Delete
Name: SUMPTER, ED DAVID
Address: 4013 E. FOWLER AVE.
City-St-Zip: TAMPA, FL 336172622**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA SCHEDA KLAUS

VTD

10/19/2004

Electronic Signature of Signing Officer or Director_____
Date