PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOY** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

N98000000450 DOCUMENT #

1. Corporation Name

## PEASYHEAD INCORPORATED

Principal Place of Business

Mailing Address

FILED

00 JAN 31 PM 10: 19

SECRETARY OF STATE TALLIARIASSEE, FLORIDA

4244 WEST TENNESSEE ST. STE. 160 4244 WEST TENNESSEE ST. STE. 160 TALLAHASSEE FL 32304 TALLAHASSEE FL 32304 TEINSTATEMENT 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 Date Incorporated or Qualified To Do Business in Florida 01/26/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable \$8.75 Additional Fee required Zip Country Zip Country CERTIFICATE OF STATUS DESIRED [ 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) Name of Officers Street Address of Each City / State / Zip Title(s) and/or Directors Officer and/or Director DP HOWARD, DUSHAUN 4244 WEST TENNESSEE ST. STE. 16 TALLAHASSEE FL 32304 DV HARRIS, GREG 4244 WEST TENNESSEE ST. STE. 16 TALLAHASSEE FL 32304 D BROWN, JON D 4244 WEST TENNESSEE ST. STE. 16 TALLAHASSEE FL 32304 <del>80|0083130388-</del> -02/10/00--01007--013 \*\*\*\*236.25 \*\*\*\*236.25 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name HARRIS, GREG Street Address (P.O. Box Number is Not Acceptable) 4244 WEST TENNESSEE ST. STE. 160 Suite, Apt. #, Etc. TALLAHASSEE FL 32304 02/10/00--01007--014 李李李李节1.23tate 帝左传送录题1.25 City 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. Signature of Registered A ISTERED AGENT MUST SIGN

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 filling 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR