PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 23 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000007671

1. Corporation Name

PJC, INC.

800029591978
03/01/04--01042--018 **450.00

2. Principal Office Address		**3.** Mailing Office Address	
6601 ELLIOT DRIVE		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: TAMPA, FL		City & State	
Zip: 33615-2788	Country: USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 01/22/01

5. FEI Number 59-3692692 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: PETER J. CONDON

Street Address (P.O. Box Number is Not Acceptable): 6601 ELLIOT DRIVE

Suite, Apt. #, Etc.:

City: TAMPA | State: FL | Zip Code: 33615

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Pete J Condon — REGISTERED AGENT MUST SIGN — Date: 2/23/04

CR2E081 (01/04)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	PETER CONDON	6601 ELLIOT DRIVE	TAMPA, FL 33615
		REINSTATEMENT 02-04	
			T. Lewis 3/24/04

10. 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: Pete J Cond PETER J CONDON 2/23/04 813-864-4428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RAYMOND J. HETTERICH, P.A.
CERTIFIED PUBLIC ACCOUNTANT
5505 38TH AVENUE NORTH
ST. PETERSBURG, FLORIDA 33710
727•384•4888 fax 727•343•3131

February 20, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: PJC, Inc.
P01000007671

To Whom It May Concern:
Attached you will find a reinstatement form and a check for $450.00. The money should be applied to 2002,2003 and 2004. Apparently, my client's address has been incorrect from the beginning and he has never received a form. It came to our attention this year due to the change in filing on your website. Please accept this reinstatement form and $450.00 for the three years. Also, please make all changes based on the reinstatement application.

Sincerely,

Deborah Wilder

MEMBER
AMERICAN & FLORIDA INSTITUTES OF
CERTIFIED PUBLIC ACCOUNTANTS
www.hetterich-cpa.com
rayh@hetterich-cpa.com