

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR -6 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000009573

1. Corporation Name

PARSE INTERNATIONAL, INC.

REINSTATEMENT 03-04

900031985059
04/06/04--01044--003 **908.75

2. Principal Office Address 369 MOORINGS COVE DR Suite, Apt. #, etc. City & State TARPON SPRINGS, FL Zip 34689		3. Mailing Office Address 369 MOORINGS COVE DR Suite, Apt. #, etc. City & State TARPON SPRINGS, FL Zip 34689	
Country USA		Country USA	

4. Date Incorporated or Qualified To Do Business in Florida 01/10/01	
5. FEI Number 59-3694250	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name SCOTT, BERNARD E.		
Street Address (P.O. Box Number is Not Acceptable) 369 MOORINGS COVE DR		
Suite, Apt. #, Etc.		
City TARPON SPRINGS	State FL	Zip Code 34689

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

April 2, 2004

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
PDST	SCOTT, BERNARD E.	369 MOORINGS COVE DR	TARPON SPRINGS, FL 34689

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

April 2, 2004

Daytime Phone #

CR2E081 (01/04)