PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000068496

1. Corporation Name

PEACOCK AGENCY SUPPORT SERVICES INC

Principal Place of Business

Mailing Address

5911 LAROSA ST PENSACOLA FL 32526 5911 LAROSA ST PENSACOLA FL 32526 FILED

03 OCT 16 PM 3: 19

TALLAHASSEE, FLORIDA

If ahove	addresses are	incorrect in any way, line the	rough incorrect i	nformation =	and enter correction be	low	REINS	STATEMENT	03	
2. New Pr	incipal Office	Address, If Applicable	ling Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 07/09/2001 5. FEI-Number				
Suite, Apt.	#, etc.		t, etc.							
City & State City & State							59-3744950 Not Applicable		Applied For Not Applicable	
Zip Country Zip			Zip	Zip Country			6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Ad	dresses of Each Officer and	d/or Director (Flo	rida nonprof	it corporations must lis	st at lea	ast 3 directors)			
Title(s) Name of Officers and/or Directors				Street Address of Each Officer and/or Director				City / State / Zip		
Р	QUINN, LENA C			5911 LAROSA ST				PENSACOLA FL 32526		
D	TANTON,	CYNTHIA K	5911 LAROSA ST.				PENSACOLA FL 32526			
D	DAVIS, KIN	ABERLEE A	5911 LAROSA ST.				PENSACOLA FL 32526			
D	SMITH, CHARLES B			5911 LAROSA ST.				PENSACOLA FL 32526		
							60 10/16/	0002385445 70301039023 **	<u>=</u>	
	0 Now	ne and Address of Current								
	O. Nan	e and Address of Current	negistered Ag	=nt	Name		9. Name and	Address of New Registered Age	nt	
QUINN 5911 L					Street Address (P.O. Box Number is Not Acceptable)					
PENSA	ACOLA FL 3	2526	Suite, Apt. #, Etc		#, Etc					
				······································	City			FL	lip Code	
10. I, being	g appointed the	e registered agent of the ab	ove named corp	oration, am f	amiliar with and accep	t the o	bligations of Sect	tion 607.0505, F.S. or 617.0505, F	.S.	
Signature d	nf.		学生 205年	1 3	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	$\sim \chi$		1.1	ł	

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

103 944-7250 Daytime Phone # Peacock Agency Support Services

Team Work of Independence 5911 La Rosa St. Pensacola, FI 32526 (850)944-7250

Florida Department of State Division of Corrections P.O.Box 6327 Tallahassee, Florida 32314

October 10, 2003

To Whom It May Concern:

This letter is in reference to 2003 Uniform Business Report. After receiving the notice of Administrative Dissolution, we realized there was an error with the payment. This is not the first time this has happened with the United States Postal Service. We have on record that the 2003 Uniform Business Report was filled out and returned with check number 6234 for the amount of \$150. After checking the bank records, it is clear that the check has never cleared. Peacock Agency is going to stop payment on this check, please do not cash if received at a later date. We ask that you accept this check number 6281 for \$150, and waive the cancellation fee. Sorry for any inconvenience that this may have caused you.

Thank you,

Caron Quinn

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Owner