T. Roberts MAY 18 2005

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED AM 10:51 MAY 10 AM 11:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA 04-05

DOCUMENT # P01000078039

1. Entity Name
PEHCHAN, INC.

Principal Place of Business	Mailing Address
7325 SMITHBROOKE DR LAKE WORTH, FL 33467	7325 SMITHBROOKE DR LAKE WORTH, FL 33467

04292005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
	Po Box 1382
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Boyton Beach FL
Zip / Country	Zip: 33425-1382 / Country

4. FEI Number: 65-1129266 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PANIAGUA, ADOLFO 7325 SMITHBROOKE DR LAKE WORTH, FL 33467	Name: Marcia B. Corkery Street Address (P.O. Box Number is Not Acceptable): 7325 Smithbrooke Dr. City: Lake Worth FL Zip Code: 33467

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: x Marcia Corkery
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVD CORKERY, MARCIA B 7325 SMITHBROOKE DR JUPITER, FL 33469 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD CORKERY, MARCIA B 7325 Smithbrooke Dr. Lake Worth FL 33467 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800054859018 05/19/05--01050--011 **308.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x Marcia Corkery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #