




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>02-03 UBR</b>	<b>FILED</b> 03 JUL 16 PM 2:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA
<b>DOCUMENT #</b> P01000081204				
<b>1. Corporation Name</b> PPP, INC.				
<b>2. Principal Office Address</b> 3243 SW MAPP ROAD Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 3243 SW MAPP ROAD Suite, Apt. #, etc.		
<b>City &amp; State</b> PALM CITY FL		<b>City &amp; State</b> PALM CITY FL		
<b>Zip</b> 34990	<b>Country</b> USA	<b>Zip</b> 34990	<b>Country</b> USA	<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 8/13/01
<b>5. FEI Number</b> 59-3740116				<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>				
<b>7. Name and Address of Current Registered Agent</b>				
<b>Name</b> PRIYA PATEL				
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 3154 SE MONTE VISTA COURT				
<b>Suite, Apt. #, Etc.</b>				
<b>City</b> PORT ST LUCIE		<b>State</b> FL	<b>Zip Code</b> 34952	
<b>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.</b>				
<b>Signature of Registered Agent</b> 		<b>Date</b> 7/14/03		
<b>REGISTERED AGENT MUST SIGN</b>				
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>				
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>	
P/V/S/T/D	PRIYA PATEL	3154 SE MONTE VISTA COURT	PORT ST LUCIE FL 34952	
<b>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.</b>				
<b>SIGNATURE:</b> 		<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> PRIYA PATEL		
		<b>Date</b> 7/14/03	<b>Daytime Phone #</b> 772-221-0633	

CR2E081 (10/02)

PPP, Inc.  
Dba BJ's Palm City Discount Beverage  
3243 SW Mapp Road  
Palm City, FL 34990  
(772) 221-0633

July 14, 2003

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

To Whom It May Concern:

The purpose of this letter is to respectfully request a waiver of the \$600 reinstatement fee.

My very small corporation began doing business in Florida in 2002. I have only discovered quite recently that Florida has dissolved my corporation. I have never received any correspondence or forms related to the reports (UBRs) that were supposed to have been filed. I did not know that I had to pay an annual fee to Florida until now.

I have enclosed the payment for the fees with the reinstatement application (& \$8.75 for the certificate).

Thank you for your understanding.

Sincerely,



Priya-Patel  
Registered Agent  
& President