PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE Jim_Smith FILED Secretary of State

| , | APPLICATION | |
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| | [™] FOF | |
| R | EINSTATEMEN' |] |

DIVISION OF CORPORATIONS

P01000095438 DOCUMENT #

1. Corporation Name

PCI TRADING, INC.

Principal Place of Business

Mailing Address

224 ARANDA ST NE ST PETERSBURG FL 33704 224 ARANDA ST NE ST PETERSBURG FL 33704

| REINSTATEMENT_ | 07/0 |
|----------------|------|

03-JAN -8 AM 9: NR

SECRETARY-OF-STATE

TALLAHASSEE. FLORIDA

| D | LEWIS, SAM | | 224 ARANDA ST NE | OT DETERORUSO EL COSCI | |
|--|--|---------------------|--|---|--|
| DP PERAZA, SUZETTE M | | 224 ARANDA ST NE | | ST PETERSBURG FL 33704 | |
| Title(s) | 2 and/or Directors | | Street Address of Ead Officer and/or Director | | |
| 7. Names | and Street Addresses of Each Officer ar | nd/or Director (Flo | orida nonprofit corporations must list at le | least 3 directors) | |
| | | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED. S8.75 Additional Fee required for a Certificate of Status | |
| | | City & State | <u> </u> | | |
| City & State | | | | 5. FEI Number Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | To Do Business in Florida 10/01/2001 | |
| New Principal Office Address, If Applicable 3. | | | iling Office Address, If Applicable | Date Incorporated or Qualified | |
| If above | addresses are incorrect in any way, line | through incorrect | | | |

ST PETERSBURG FL 33704 100009614651 01/09/03--01059--007 **150.00

8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent

PERAZA, SUZETTE M 224 ARANDA ST NE ST PETERSBURG FL 33704

Street Address (P.O. Box Number is Not Acceptable)

(8/05)

CR2E040

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of

URE REQUIRED

REGISTERED AGENT MUST SIGN

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR