

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 DEC -9 AM 11:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000100610**

1. Corporation Name

PIERSON DISTRIBUTION COMPANY, INC.

Principal Place of Business

Mailing Address

3114 WEST KNIGHTS AVENUE
 TAMPA FL 33611

3114 WEST KNIGHTS AVENUE
 TAMPA FL 33611



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/17/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3750771

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	PIERSON, YOLANDA J	3114 WEST KNIGHTS AVENUE	TAMPA FL 33611
VTD	PIERSON, DOUGLAS R	3114 WEST KNIGHTS AVENUE	TAMPA FL 33611

300009420423
 12/09/02--01078--010 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI FL 33145

Name **Douglas R. Pierson**

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

3114 W. Knights Ave

Suite, Apt. #, Etc.

City **Tampa**

State **FL**

Zip Code **33611**

CR20040 (8/02)

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 REQUIRED

Date **12/5/02**

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 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 REQUIRED
 Yolanda J. Pierson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12/4/03**

813 837-9185
 Daytime Phone #

Florida Department of State
Division of Corporation

December 5, 2002

To Whom This May Concern,

This letter is in reference to the mailing of Administrative Dissolution or Revocation I received on November 10, 2002. I am asking that the Penalty fee be waived because I did not receive two prior uniform business report notices. Enclosed is my check for the amount of \$150.00 for my annual report fee and CSF. Thank you for your consideration. Any questions call me at 813-340-4087.

Regards,



Doug Pierson
Vice President
Pierson Distribution Company, Inc.