


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000008676			
1. Corporation Name Professional Key Codes, Inc. <div style="text-align: center;"><i>WDS-19436</i></div>			
2. Principal Office Address 561 W. Minneola Ave Suite, Apt. #, etc. City & State Clermont, FL 34711 Zip Country 34711 USA		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida 01/24/2002	
		5. FEI Number 43-1949395	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$9.75 Additional Fee required for a Certificate of Status</small>	
7. Name and Address of Current Registered Agent			
Name Ronald Cutler			
Street Address (P.O. Box Number is Not Acceptable) 1172 Pelican Bay Drive			
Suite, Apt. #, Etc. <div style="text-align: right;">500048981725 03/23/05 01000 003 \$450.00</div>			
City Daytona Beach		State FL	Zip Code 32119
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. Signature of Registered Agent: <i>Ronald Cutler</i> Date: 3/15/2005 <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Ron Hertz	561 W Minneola Ave	Clermont, FL 34711
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)(f), 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: <i>Ron Hertz</i> Date: 3-15-05 <div style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div>			

REINSTATEMENT 03-05

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C-220201 (01/01)

Professional Key Codes, Inc.
561 W. Minneola Ave.
Clermont, FL 34711
Phone 352-243-4600 Fax 352-243-4601

March 15, 2005

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Reinstatement of Professional Key Codes, Inc. Document Number: P02000008676

Dear Sir or Madam:

Enclosed please find the original and one (1) copy of the reinstatement form along with a check in the amount of \$450.00. Please date stamp the copy and return to my office in the enclosed stamped self-addressed envelope.

The reason the annual reports were never filed is I never received the annual report booklet from the Secretary of State's office. The annual report plus the filing fee would have been returned promptly for each year had we received them in a timely manner.

Very truly yours,


Ron Hertz,
Director Professional Key Codes, Inc.

RH/rh

Enclosure