PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations					OPHAR 19 PM 1:12 SECRETARY OF STATE		
DOCUMENT # P02000013888					TALLAHASSEE, FLORIDA		
PILCO INVESTMENTS INC.						·	
100900000 7440					200143594322 03797901011025 **150.00		
2. Principal Office Addre 2814 FILLMORI	3. Mailing Office Addre 2814 FILLMORE	Aailing Office Address 4 FILLMORE STREET		03/19/09~-01011~-025 **150.00 CR2E081 (12/08)			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. Date Incorporated or Qualified statements				
City & State	City & State		4. Date incorporated or Qualified 02/06/2002 To Do Business in Florida				
Hollywood, FI	Hollywood, FL			5. FEI Number Applied For 020578757			
Zip 33020	Country U.S	Zip 33020	Coun U.S	try	6. CERTIFICATE OF STATUS DESIGNED 7 \$8.75 Additional Log requ		50.76 b 1 00
7. Name and Address of Current Registered Agent							
Name PILCO, LILIAN S					The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement		
Street Address (P.O. Box Rumber is Not Acceptable) 2814 Fillmore Street							
Suite, Apt. #, Etc.							
City State FL 330				33020 Code	fee be waived.		
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					Date 02/10/2009		
REGISTERED AGENT MUST SIGN							
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Plants of Otreet Addresse of Each Otreet Addresse of Each Chr./ Stets / Zin							
	Officers and/or Directors			Officer and/or Director		C	City / State / Zip
D PILCO,	PILCO, LILIAN S		2814 Fillmore Street , # 9		Hollywood,Fl,	33020 ·	
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R	EINSTA	<u> FEMEN</u>	1	•	201 02/13/	0 1435 5 0901039	94322 025 **600.00
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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 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 ilsted on this form do not qualify for an exemption contained in Chapter 119, 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 eath. O2/10/2009 954-822-9360							
L OLONIA TURE	5 Jak	1				02/10/2009	ジンマーリムムージリリリ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Daytime Phone #