

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

04 JAN 28 PM 2:26

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **P02000018951**

1. Corporation Name

PM IT, INC.

Principal Place of Business

Mailing Address

~~211 NW 202 TERR
 PEMBROKE PINES FL 33029~~

~~P.O. BOX 297125
 PEMBROKE PINES FL 33029-7125~~



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

2. New Principal Office Address, If Applicable

377 Hickory Acres Lane

Suite, Apt. #, etc.

City & State
Jacksonville, FL

Zip

32259

Country

USA

3. New Mailing Office Address, If Applicable

377 Hickory Acres Lane

Suite, Apt. #, etc.

City & State
Jacksonville, FL

Zip

32259

Country

USA

REINSTATEMENT 03-04

Help Incorporated or Qualified To Do Business in Florida 02/19/2002	
5. FEI Number <u>03-0392381</u>	Applied For
	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$6.75 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
P	MARTIN, STEPHEN J	P.O. BOX 297125 <u>377 Hickory Acres</u>	PEMBROKE PINES FL 33029 <u>Jacksonville, FL 32259</u>

600027703646
 01/28/04--01004--014 **908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARTIN, STEPHEN J
~~211 NW 202 TERR
 PEMBROKE PINES FL 33029~~

Name Stephen J. Martin
 Street Address (P.O. Box Number is Not Acceptable) 377 Hickory Acres Lane
 Suite, Apt. #, Etc.
 City Jacksonville State FL Zip Code 32259

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 Registered Agent [Signature] Date 12/28/2003
SIGNATURE 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 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] Date 12/28/2003 Daytime Phone # (904)657-9235
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)