PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 MAY 31 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (11/10)

DOCUMENT # P02000045516

1. Corporation Name
PED, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5448 Atlantic View	5448 Atlantic View
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine, FL	City & State: St. Augustine, FL
Zip: 32080 Country: USA	Zip: 32080 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/22/02

5. FEI Number: 01-0675637 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Paul E. Dozier, Jr.
Street Address (P.O. Box Number is Not Acceptable): 5448 Atlantic View
Suite, Apt. #, Etc.:
City: St. Augustine State: FL Zip Code: 32080

100248445491
06/18/13--01002--009 **150.00
100248445491
05/31/13--01002--023 **1235.00

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: Paul E. Dozier, Jr. Date: 5/29/13
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	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Paul Edwin Dozier III	5448 Atlantic View	St. Augustine, FL 32080
VD	Paul E. Dozier, Jr.	5488 Atlantic View	St. Augustine, FL 32080
STD	Susan Dozier	5488 Atlantic View	St. Augustine, FL 32080

10. **E-mail Address:** dozier717@comcast.net
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Paul E. Dozier, Jr. 5/29/13 904-471-9077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #