


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 23 PM 1:45


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04


CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000090738	
1. Corporation Name PP&G Consulting, Inc.	
2. Principal Office Address 11612 N. Nebraska Ave Suite, Apt. #, etc. Ste #G City & State Tampa, Florida Zip 33612	3. Mailing Office Address 11612 N. Nebraska Ave Suite, Apt. #, etc. Ste #G City & State Tampa, Florida Zip 33612

700031289917 03/26/04--01097--021 **150.00	
4. Date Incorporated or Qualified To Do Business in Florida 8/21/02	
5. FEI Number 76-0721961	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name John Peters	700029810697 03/03/04--01045--004 **150.00
Street Address (P.O. Box Number is Not Acceptable) 11612 N. Nebraska Ave.	
Suite, Apt. #, Etc. #G	
City Tampa	State FL Zip Code 33612

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 2/24/04
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
P.	Richard Pollara	3320 S. San Miguel St.	Tampa, FL 33629
S/T	John Peters	11612 N. Nebraska Ave.	Tampa, FL 33612

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)(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:	 / John Peters	Date 2/24/04	Daytime Phone # 813-866-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2001 (01/04)

February 24, 2004

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

RE: PP&G Consulting Inc. P02000090738

This letter is to ask for a waiver of the reinstatement fee. We never received the annual report form for unknown reasons. This request is from calling the division and listening to the message.

Enclosed are the completed form and a check for \$150.00.

Please call me with any question at 813-866-1200.

Sincerely,

A handwritten signature in black ink, appearing to read "John Peters", with a stylized flourish at the end.

John Peters
