


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10fz

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 MAY 18 PM 12:33 SECRETARY OF STATE ALLAHASSIE, FLORIDA																													
DOCUMENT # P02000127867																																	
1. Corporation Name Pioneer Financial Corporation																																	
2. Principal Office Address 3411 B. Recker Hwy. Suite, Apt. #, etc.			3. Mailing Office Address 684 Old Berkley Rd. Suite, Apt. #, etc.																														
City & State Auburndale FL			City & State Auburndale FL																														
Zip 33880		Country POLK		Zip 33823																													
		Country POLK																															
4. Date Incorporated or Qualified To Do Business in Florida				5. FEI Number 45-0503506																													
				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 Milano																																	
Street Address (P.O. Box Number is Not Acceptable) 684 Old Berkley Rd.																																	
Suite, Apt. #, Etc.																																	
City Auburndale				State FL																													
				Zip Code 33823																													
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 JL Milano																																	
Date 5-14-04																																	
REGISTERED AGENT MUST SIGN																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>PT/S/N D/C/M</td><td>John Milano</td><td>684 Old Berkley Rd</td><td>Auburndale, FL 33823</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	PT/S/N D/C/M	John Milano	684 Old Berkley Rd	Auburndale, FL 33823																				
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PT/S/N D/C/M	John Milano	684 Old Berkley Rd	Auburndale, FL 33823																														
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 JL Milano																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																	
Date 5-14-04																																	
Daytime Phone # 803-242-2222																																	

CR2E081 (01/04)

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**Pioneer Financial Corp**  
**684 Old Berkley road**  
**Aurburndale, Florida 33823**

I John Milano of Pioneer Financial Corporation  
did not receive the reinstatement form for 2003.  
Please waive the penalty and except my apologies  
for dilinquency.

Sincerely  
John Milano