

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | | |
|---|-----------------------|---|-----------------------|
| CORPORATION REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P03000126269 | | | |
| 1. Corporation Name PEARSON SERVICES INC | | | |
| 2. Principal Office Address - No P.O. Box # 2420 WEBBER STREET | | 3. Mailing Office Address 2420 WEBBER STREET | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State SARASOTA FL | | City & State SARASOTA FL | |
| Zip 34239 | Country USA | Zip 34239 | Country USA |
| 7. Name and Address of Current Registered Agent Name STEPHEN L. PEARSON Street Address (P.O. Box Number is Not Acceptable) 2420 WEBBER STREET Suite, Apt. #, Etc. City SARASOTA State FL Zip Code 34239 | | | |
| 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 <i>Stephen L. Pearson</i> | | Date 09/20/2007 | |
| 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 | |
| P | | STEPHEN L. PEARSON | |
| | | 2420 WEBBER STREET | |
| | | SARASOTA FL 34239 | |
| | | 780103757497 | |
| | | 09/21/07-01024--007 **\$300.00 | |
| 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 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 oath. | | | |
| SIGNATURE: <i>Stephen L. Pearson</i> | | STEPHEN L. PEARSON | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | 09/20/2007 | |
| | | 941-321-2222 | |
| | | Date | |
| | | Daytime Phone # | |

FILED
07 SEP 21 AM 10: 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *06-07*
CR2E081 (1/07)

| | | |
|---|--|--|
| 4. Date Incorporated or Qualified To Do Business in Florida | | 11/05/2003 |
| 5. FEIN Number 20-0363616 | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | | |

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 fee be waived.

*\$ 300.00 called state
9/20/07*