2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 17 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000153133

1. Entity Name
PIONEER INVESTMENT CENTER OF C.F. INC.

Principal Place of Business	Mailing Address
~~427 E TARPON AVE STE 108~~ ~~TARPON SPRINGS, FL 34689~~ 715 E. Lime Street	~~427 E TARPON AVE STE 108~~ ~~TARPON SPRINGS, FL 34689~~

2. Principal Place of Business	3. Mailing Address
715 E. Lime Street	P.O. Box 2014
Suite, Apt. #, etc. Suite 310	Suite, Apt. #, etc.
City & State Tarpon Springs Fl.	City & State Tarpon Springs Fl.
Zip 34689 Country U.S.	Zip Country U.S.A.

10112005 REIN-P CR2E085 (6/04)

4. FEI Number APPLIED FOR 59-2930306 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHMIDT, NORA 427 E TARPON AVE STE 108 TARPON SPRINGS, FL 34689	Name: Nora Schmidt Street Address (P.O. Box Number is not acceptable): 715 E. Lime Street Suite 310 City: Tarpon Springs FL Zip Code: 34689

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Nora Schmidt 10/12/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!!! FEE IS $750.00
After January 1, 2006, Fee will be $600.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROUMAND, ALEXANDER PO BOX 6037 ORLANDO, FL 32853	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800060687308 10/17/05--01069--016 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHMIDT, NORA 427 E TARPON AVE STE 108 TARPON SPRINGS, FL 34689	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition D Schmidt, Nora 715 E. Lime Street Suite 310 Tarpon Springs Fl. 34689 Address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nora Schmidt 10/12/05 727-234-5025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/12/05

Pioneer Investment
Center of C. F. Inc.
P.O. Box 2014
Tarpon Springs, FL 34688

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

As a follow up to my call of 10/10/05.

As I stated I just received the notice in the mail.
Due to the Fact that we changed office locations in Dec. 04 my mail was not received by me.

Please re-instate our corporation. I am enclosing a check for $150.00 as we outlined in our conversation.

Thank you for your help.

Nora Schmidt
Registering Agent