## APPHOYEL PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS # ORM.

CORPORATION REINSTATEMENT	FLORIDA DEPART Secretary DIVISION OF CO	of State		18, 2007 8:00 A.M etary of State	- -•	
DOCUMENT # P04000135789  1. Corporation Name  PP+B HONE MANAGEMENT, INC.				\$\$\$ 18-14-011		
2. Principal Office Address - No P.O. Box #  16577 MENORCA DR. 16577 MENORLA DR.  Suite, Apt. #, etc.  Suite, Apt. #, etc.			100113217531 12/18/0701011006 **300.00 REINSTATEMENT (%)  4. Date Incorporated or Qualified (%)			
City & State  WINTER GAPDEN, FL  Zip Country  34787 U.5	Country Zip Country		To Do Business in Florida  O 9/2 9/04  5. FEI Number  13-17/9019  Applied For Not Applicable  6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status			
Name  Name  MARY  A GERVAS, O PONTORNO, S.L.  Street Address (P.O. Box Number is Not Acceptable)  LOST MENOR A  Suite, Apt. #, Etc.  City  State  Zip Code			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.			
WINTER BAIDER   FL 34787    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 Agen May ( Tombers )   Part   13/2 007    REGISTERED AGENT MUST SIGN						
9. Names and Street Addresses of Each Officer a	nd/or Director (Florida nonpro					
Titles Name of Officers and/or Director	s	Street Address of Each Officer and/or Director		City / State / Zip	l	
P PONTORNO, GERY	Asio, SR 165	77 MENDRA	A D.2.	WINTER GARDEN, FL	i 	
VP PONTORNO, MARY	A 1650	T MEDOACA	PA	WINTER GARDEN FLY787		
VI PONTORNO, PETET	2 J, SR 3681	GARDIENER	RD	WALDORF, MD 20601		
VP PONTORNO, JOHN	NEC 368	GAADINER	XD	WALDORF, MID 2060		
VP BEAVER, MICHA	EZ # 920,	I PLEASANT	Cours	LAUREL MD 20708	ĺ	
UP BEAVER, MELIS	54 R 9201	PLEASANT	- COULT	LACIREL, NID20708	ļ	
owed by the corporation have been paid and the on this application is true and accurate, and my SIGNATURE:	ssolution has been eliminated, e names of individuals listed or signature shall have the same for the same fo	the corporate name satisfies in this form do not qualify for a legal effect as if made under the corporation of the corporation	s the requirements an exemption corer oath.	ppter 607 or 617, F.S. I further certify that when filing is of section 607.0401 or 617.0401, F.S., that all fees trained in Chapter 119, F.S. The information indicated  (C) 301-643-3521  (U) 407-537-2322  Date Daylime Phone #		