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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E081 (11/09)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 09 DEC 29 PM 3:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # <u>P070000094983</u>			
1. Corporation Name <u>PICKINWEE CORP</u>			
2. Principal Office Address - No P.O. Box # <u>3626 APALACHEE PKWY</u> Suite, Apt. #, etc. <u>—</u> City & State <u>TALLAHASSEE FL</u> Zip <u>32311</u> Country <u>USA</u>		3. Mailing Office Address <u>Same</u> Suite, Apt. #, etc. <u>—</u> City & State <u>TALLAHASSEE FL</u> Zip <u>32311</u> Country <u>USA</u>	
7. Name and Address of Current Registered Agent Name <u>J. John FANGUY</u> Street Address (P.O. Box Number is Not Acceptable) <u>3626 APALACHEE PKWY</u> Suite, Apt. #, Etc. <u>—</u> City <u>TALLAHASSEE</u> State <u>FL</u> Zip Code <u>32311</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>8-23-2007</u> 5. FEI Number <u>26-0822464</u> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status <input checked="" type="checkbox"/> 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.	
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 <u>[Signature]</u> Date <u>12-29-09</u> 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
<u>Pres</u>	<u>J. John FANGUY</u>	<u>2024 Wedge wood Dr</u>	<u>TALLAHASSEE FL 32317</u>
<u>VP</u>	<u>Rebecca H. FANGUY</u>	<u>"</u>	<u>"</u>
	<u>TALLA</u>		
REINSTATEMENT RCH			
10. E-mail Address: <u>ACEMAN1@EMBARQMAIL.COM</u> <small>(To be used for future annual report notification)</small>			
11. 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, further certify, 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: <u>[Signature]</u> Date <u>12/29/09</u> Daytime Phone # <u>850-656-5947</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			