PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

P93000014698 **DÓCUMENT#**

1. Corporation Name

PCR INVESTMENTS, INC.

Principal Place of Business

Mailing Address

853 BUENAVENTURA BLVD KISSIMMEE FL 34743

1629 WOODBAY CT KISSIMMEE FL 34744

SECRETARY OF STATE TAREGATIANS SEE, FLORIDA

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If above a	ddroeene ara	incorrect in any way. line t	hrough incorract in	formation and ente	er correction below				
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Maili				ng Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida = 02/19/1993			
Suite, Apt.	#, etc.		Suite, Apt. #,	Suite, Apt. #, etc.					
City & State			City & State	City & State			50-2160226		
						6.	40.75	Not Applicable	
Zip Country			Zip	Cour	ntry	CERTIFICATE OF STATUS DESIRED			
7. Names a	and Street Ad	dresses of Each Officer ar	d/or Director (Flo				· · · · · · · · · · · · · · · · · · ·		
Title(s)	Name of Officers and/or Directors				Street Address of Ea Officer and/or Direct				
DP	STARKINGS, PETER			1629 WOODBAY CT.			KISSIMMEE FL 34744		
DS	STARKINGS, CAROLYN			1629 WOODBAY CT.			KISSIMMEE FL 34744		
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è	FIGNSTATEMENT 99-0								
					·	50	00003236(-06/20/0001	3856	
					-		****300.00	****300.00	
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
					Name	Name			
STARKINGS, PETER 1629 WOODBAY CT					Street Address	Street Address (P.O. Box Number is Not Acceptable)			
KISSIMMEE FL 34744					Suite, Apt. #, E	Suite, Apt. #, Etc.			
\mathcal{L}					City	FL			
10. I, being	appointed th	e registered agent of the a	bove named corp				,		
Signature of Registered Agent REGISTERED AGENT MUST SIGN					UIRED) 	Date April 200	.ro	
this rein owed by	statement app the corporat	officer or director or the repolication, the reason for all	diver or trustee er solution has been e names of individ	mpowered to execu eliminated, the collusts listed on this t	rporate name satisfic form do not qualify for	es the requirements or an exemption und	pter 607 or 617, F.S. I further o of section 607.0401 or 617.04 der section 119.07(3)(i), F.S. Ti)1, F.S., that all fees	

SIGN

Daytime Phone #

0086020