

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 90 JAN 28 AM 11:37 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>PD130000043985</u>					
1. Corporation Name <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> DAVID PEARSON ASSOCIATES DBA THE PEARSON GROUP </div> <div style="width: 50%; text-align: right;"> 1098-27272 </div> </div>					
Principal Place of Business CORAL GABLES		Mailing Address SUITE 500 255 ALHAMBRA CIRCLE CORAL GABLES FL 33134			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 65-0418472 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
PRES	DAVID PEARSON	SUITE 500, 255 ALHAMBRA CIRCLE	CORAL GABLES FL 33134		
SEC	CHRISTOPHER PEARSON	"	"		
DIR	ANNE B PEARSON	"	"		
				000002765400--3 -02/05/99--01010--003 ****900.00 ****900.00	
				000002765400--3 -02/05/99--01010--004 ****150.00 ****150.00	
8. Name and Address of Current Registered Agent DAVID PEARSON ASSOCIATES DBA THE PEARSON GROUP SUITE 500 255 ALHAMBRA CIRCLE CORAL GABLES, FL 33134			9. Name and Address of New Registered Agent Name DAVID PEARSON Street Address (P.O. Box Number is Not Acceptable) SUITE 500, Suite, Apt. #, Etc. 255 ALHAMBRA CIRCLE City CORAL GABLES State FL Zip Code 33134		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date 1/5/99 REGISTERED AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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 under section 119.07(3)(i), 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:		DAVID PEARSON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
		Date 12/14/98		Daytime Phone # 305 448-7450	

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