PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS

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	ORATION ATEMENT		Fl
DOCUN	MENT#	P940000138	06

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

00 NOV -9 PM 4:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. Corporation Name	Pete Morgan Builder Inc.	
2. Principal Office Address	3. Mailing Office Address	1

1817 Pla	infield Avenue	1817 Plai	nfield Avenue		
uite, Apt. #, etc.		Suite, Apt. #, etc.	. ,	4. Date Incorporated or Qualified To Do Business in Florida 2-18-9	
ity & State Orange P	Park, FL	City & State Orange Pa	rk, FL	5. FEI Number 59–3226213	Applied For Not Applicable
ip 32073	Country	Zip 32073	Country		Additional Fee required a Certificate of Status

ent Registered Agent
700003509947
-12/21/0001029010 · ****150.00 *****15 <mark>0.0</mark>
State Zip Code FL 32073

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 A (M) ma	Date /0/7/00
Registered Agent 1 200 PT PEGISTERED AGENT MUST SIGN	

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Pete Morgan	1817 Plainfield Avenue	Orange Park, FL 32073
		7	000035099475
			****150.00 ****150.00
			M 101

10. 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 filling 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 provided in this application is the application in the provided that the corporate paid application is the provided to the corporate paid application in the provided to the corporate paid application as provided for in chapter 607 or 617, F.S. I further certify that when filling this provided to the corporate paid to t on this application is true and accurate, and my signature shall have the same legal effect as if made under oath

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 1, 2000

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

Dear Sir:

RE: 99/00 Corporation Reinstatement

Pete Morgan Builder Inc never received the 99/00 Corporate Annual Report applications due to an incorrect mailing address. Please accept the enclosed checks and Corporate Reinstatement with the correct mailing address: 1817 Plainfield Avenue, Orange Park, FL 32073.

Pete Morgan-President Pete Morgan Builder Inc