PLEASE READ	ALL INSTRUCTIONS BEFORE O	COMPLETING THIS FORM.
APPLICATION FOR	FL DA REPARTICANT OF TATE Sayda Billion A retain of the DIVIDIN OF CORPORAL DIX	7
DOCUMENT # P94000076736 1. Corporation Name		98 DEC 21 PM 12: 31
PCK INVESTMENT CO., INC.		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business	Mailing Address	
18551 N. TAMIAMI TRAIL NORTH FT. MYERS FL 33903	18551 N. TAMIAMI TRAIL NORTH FT. MYERS FL 33903	
If above addresses are incorrect in any way, line thro	ough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable	
Suiter Apt, #, etc.	Suity, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 10/19/1994 5. FEI Number
City & State	Ciry & State (200 FZ	65-0536292 Not Applicable
Zip 399/ Country, A	Zip 3991 Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certifical of Status
Name of Officers	or Director (Florida nonprofit corporations must list at lea	,
Title(s) and/or Directors	Officer and/or Director 3 (Do NOT Use Post Office Box No	15-543 /all Local, 1-433991
D KANAVOS, PAUL C	-18551 W. TAMIAMI TRAIL	NORTH FT MYERS FL 35903
•		
,		1000027253011 -12/29/9801077006
		*****120.00 ****120.00
	13.12/28/9	18 AC
8. Name and Address of Current Registered Agent Name		9. Name and Address of New Registered Agent
Fisher, andrea f 1221 Brickell ave.	104 Ha	NAGUAS O.O. Box Number is Not Acceptable) O.O. C.
MIAMI FL 33131	Suite Apt. #, Etc.	State Zip Sode 79
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 REGISTERED AGENT MUST SIGN Date		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (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: X A DULL CI KORESSIRED 2/3/98 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #		

PAUL C. KANAVOS

106 Hancock Bridge Parkway Unit D15-543 Cape Coral, FL 33991 (941) 731-2700 Telephone (941) 283-8754 Telefax

December 13, 1998

Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

I spoke with your office on Thursday regarding the reinstatement form I received in the mail; the same day I received the return of my limited partnership return. As you can see there was a change of address done last year. It was done on the Limited Partnership but not on the General Partner. We moved July, 1997. The new company that moved into our old address has just forwarded this to me. Your office said to send in the \$150.00 due to the address confusion.

Thank you in advance for reinstatement of the corporation.

Sincerely,

Paul C. Kanavos