PLEASE TYPE OR PRINT INFORMATION BELOW. SUBMITTING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUL 11 AM 11:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000012100

1 Corporation Name

P.C. X-CHANGE, INC.

[redacted]

REINSTATEMENT 96-99

Principal Place of Business	Mailing Address
~~149 W. INTERNATIONAL SPEEDWAY BLVD.~~ ~~DAYTONA BEACH FL 32114~~	~~149 W. INTERNATIONAL SPEEDWAY BLVD.~~ ~~DAYTONA BEACH FL 32114~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1674 Ridgewood Ave. ~~Ste. B~~	1674 Ridgewood Ave
Suite, Apt. #, etc. Suite 'B'	Suite, Apt. #, etc. Suite 'B'
City & State Holly Hill, FL.	City & State Holly Hill, FL
Zip 32117 Country	Zip 32117 Country

4. Date Incorporated or Qualified To Do Business In Florida: 02/10/1995

5. FEI Number: X59-329-5999 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	WARREN, JIMMY H.	236 TIMBERLINE TRAIL	ORMOND BEACH FL 32174
DVPA	KHOURI, JANET M.	5 PINE TREE CIRLCE	ORMOND BEACH FL 32176
VSTD	BUTTS, HAROLD T.	166 RIVERSIDE DRIVE	ORMOND BEACH FL 32176

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****915.00 ****915.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CHARLES, JAMES N. ESQUIRE 101 IVY LANE, SUITE C DAYTONA BEACH FL 32114	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

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: [signature] Date: 9-24-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

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: Jim H. Warren Jim H. Warren 10/3/96 (904) 677-4866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #