
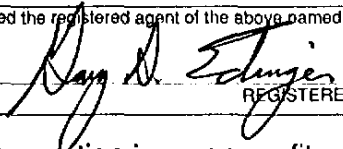
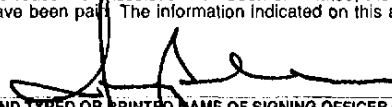


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS</b>	<b>FILED</b>  <b>97 OCT 27 PM 2:43</b>  <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>	
<b>DOCUMENT #</b> P-95000054364				
1. Corporation Name  PZY, INC.				
Mailing Address c/o Gary S. Edinger 305 NE 1st Street Gainesville, Florida 32601		Principal Place of Business Post Office Box 1069 Micanopy, Florida 32667		
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>				
2. New Mailing Address, If Applicable		3. New Principal Office Address, If Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
		4. Date Incorporated or Qualified To Do Business in Florida 7/10/95		
		5. FEI Number 59-3335039		
		Applied For Not Applicable		
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	
P, D	Jerry Sullivan	17035 S.E. CR234	Micanopy, Florida 32667	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
Gary S. Edinger 305 NE 1st Street Gainesville, Florida 32601		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, Etc.		
		City	State <b>FL</b>	Zip Code
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 10/8/97		
REGISTERED AGENT MUST SIGN				
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)				
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)				
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: 		Director 10/9/97 (352) 466-3803		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #		

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CR2040 (5-94)