

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 APR 24 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000009315

1. Corporation Name

The Pegasus Global Corporation

2. Principal Office Address

3885 US Highway 98 S

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33813

Country

USA

3. Mailing Office Address

3885 US Highway 98 S

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33813

Country

USA

900003239209-5

-05/04/00--01022--016

\*\*\*\*150.00 \*\*\*\*150.00

SP

4. Date Incorporated or Qualified  
To Do Business in Florida

11, 1995

5. FEI Number

59-3333151

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Luis De Leon

Street Address (P.O. Box Number is Not Acceptable)

5882 Crest Lane

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

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  
Registered Agent

*Luis De Leon*

Date 4/20/2000

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Luis De Leon	5882 Crest Lane	Lakeland, FL 33813
COO	Jane Donalson	3885 US Highway 98 S	Lakeland, FL 33813
CIO	Robert Radtke	4500 140 th Ave # 115	Clearwater, FL 33672
V P	Rick Bissen	4500 140th Ave # 115	Clearwater, FL 33672

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 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:

*Jane Donalson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00 863-668 9356

Date

Daytime Phone #

CR2E081 (9/99)