## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION	
FOR	
REIN PAREMENT	

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #	P96000041358
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1. Corporation Name

## PIRTEK USA INCORPORATED

Principal Place of Business

501 HAVERTY CT ROCKLEDGE FL 32955 Mailing Address

**501 HAVERTY CT** ROCKLEDGE FL 32955

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

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SLUME MAY OF STATE TALLAHASSEE, FLORIDA



New Principal Office Address, If Applicable     Suite, Apt. #, etc.     Suite, Apt. #  City & State     City & State		3. New Ma	New Mailing Office Address, If Applicable		4. Date incorporated or Qualified To Do Business in Florida 05/08/1996		
		*, etc.	5. FEI Num				
				59-3376521 Appl			
Zip	Country	Zip	Country	6. CERTIFIC	ATE OF STATUS DESIRED	3.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer a	and/or Director (F)	orida nonprofit corporations must list at	least 3 directors)	W		
Title(s)	Name of Officers and/or Directors		Street Address of E	Street Address of Each Officer and/or Director		City / State / Zip	
D	ARUNDEL, E M		557 LANTERNBACK ISLAND DE	RIVE	SATELLITE BEACH FL	32937	
			*	11/0	9 <b>0008870</b> 5 7/9201056017	**150.00	
	8. Name and Address of Curre	nt Registered Age	ent	9. Name and	d Address of New Registered	Agent	
DYER, DAVID W 325 FIFTH AVENUE #205 INDIALANTIC FL 32903			Name Street Address	Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City State Zip Code			
10. I, being : Signature of Registered A		٠ .	pration, am familiar with and accept the	obligations of Se	FL	)5, F.S.	

11. 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 application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Signature of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02



October 25, 2002

Florida Department of State Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee Florida 32314-6327

Gentlemen,

Pirtek USA Incorporated is in receipt of a "Notice of Administrative Dissolution." Pirtek USA is an affiliate of PIRTEK USA LLC, which filed its annual report with the division on May 12, 2002. In prior years we have filed annual reports for both companies at the same time.

In reviewing our records, we do not have any records of receiving two prior UBR notices for Pirtek USA Incorporated. Accordingly, we a requesting that the reinstatement fee be waived and that Pirtek USA Inc. be reinstated.

Sincerely,

Morgan Arundel President.