PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT -9 AM 8:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000074329

1. Corporation Name:
Peter Built Corporation

2. Principal Office Address	3. Mailing Office Address
1320 NE 41 Street	1320 NE 41 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Oakland Park, FL	City & State: Oakland Park, FL
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: Sept. 9, 1996

5. FEI Number: 650690760 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Traci Z. Frier 5098 Pimlico Dr. Tallahassee, FL 32308

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

Suite, Apt. #, Etc.:

City: State: FL Zip Code:

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10/09/03--01063--014 **758.75

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: Traci Z. Frier Date: 10/6/03
REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Peter Zelch	1754 SW 28 Way	Ft. Lauderdale, FL
V	David R. Zelch	1320 NE 41 Street	Oakland Park, FL
S	Lisa Zelch	1754 SW 28 Way	Ft. Lauderdale, FL

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: Peter Zelch Peter Zelch 10/6/03 954-566-4244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/10/03