PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 SEP 11 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000094043

REINSTATEMENT 97-01

1. Corporation Name

P+D Properties, of Orlando, FNC
1221 Bryn Mawr St
Orlando Fl 32804 W01-20039

2. Principal Office Address		**3.** Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 58-2286202 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Wray Petry

900004617638--3
-10/01/01--01030--035
***1358.75 ***358.75

Street Address (P.O. Box Number is Not Acceptable): 1221 Bryn Mawr St

Suite, Apt. #, Etc.:

City: Orlando — State: FL — Zip Code: 32804

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: Wray Petry — REGISTERED AGENT MUST SIGN — Date: 8/23/2001

CR2E061 (9/99)

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	Wray Petry	1221 Bryn Mawr St	Orlando Fl 32804
VPers	James R. Davis	5290 Hiatus Rd	Plantation Fl 33351

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: Wray Petry Pres — 8/23/2001 — 407-423-3805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #