

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 24 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000103120

1. Corporation Name

PCA MANAGEMENT GROUP INC.

2. Principal Office Address

15785 BOEING CT

Suite, Apt. #, etc.

City & State

WELLINGTON, FL.

Zip
33414-

Country

US

3. Mailing Office Address

15785 BOEING CT

Suite, Apt. #, etc.

City & State

WELLINGTON, FL.

Zip
33414

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/01/1997

5. FEI Number

65-0735684

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

THOMAS, JOSEPH R

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

15785 BOEING CT

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414

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

Joseph R. Thomas

REGISTERED AGENT MUST SIGN

Date

2/21/05

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
PSTC	THOMAS, Joseph R	15785 BOEING CT WELLINGTON, FL	WELLINGTON, FL. 33414
			500047788795 03/07/05--01018--024 **1050.00
			500047788795 03/07/05 01018 025 **0.75

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:

Joseph R. Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/05 562-7953363

Date

Daytime Phone #

CR2E081 (01/05)