

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

00 NOV 15 AM 8:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000010619**

1. Corporation Name

PRESSON PERSPECTIVES, INC.

Principal Place of Business

Mailing Address

600 DRUID ROAD EAST
 CLEARWATER FL 34616

600 DRUID ROAD EAST
 CLEARWATER FL 34616



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/29/1997	
City & State		City & State		5. FEI Number	
Zip		Country		59-3266302	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GINA D PRESSON	600 DRUID ROAD EAST	CLEARWATER FL 33756
VP	WILLIAM M HAMMESFAHR	600 DRUID ROAD EAST	CLEARWATER FL 33756
			800003496638--4 -12/12/00--01028--022 ****750.00 ****750.00
REINSTATEMENT 2000			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PRESSON, GINA D
 600 DRUID ROAD EAST
 CLEARWATER FL 34616

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date 11/10/00

REGISTERED AGENT MUST SIGN

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 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:

11/10/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-461-1885

CR2E040 (9/00)