PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham' FOR Secretary & State REINSTATEMENT DIVISION OF CORPORATIONS FILED DOCUMENT # P97000097098 98 DEC 15 AM 11:01 1. Corporation Name SEURETARY OF STATE PCM INVESTMENT CORP. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address C/O PREFERRED CONSUMER MARKETING C/O PREFERRED CONSUMER MARKETING 476 OSCEOLA AVENUE 476 OSCEOLA AVENUE JACKSONVIELE BEACH FL 32250 -JACKSONVILLE BEACH FL 32250 REINSTATEMENT 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 Date Incorporated or Qualified
 To Do Business in Florida 11/13/1997 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable \$8.75 Additional Fee require for a Certificate of Status Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Fach Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) Greenwich, Conn. Greenwich (love RD Anthony R. Pironti 800002751918---01/22/99--01098--015 ****150.00 ****150.00 REINSTATEME 800002751918---01/22/99--01098--016 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET Suite, Apt. #, Etc. TALLAHASSEE FL 32301-2525 City State 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. Date 1-18-99 REGISTERED AGENT MUST SIGN This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. Yes No 12. 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 between 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 occurate and programment of the same legal effect as if made under oath. SIGNATURE:

THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR