PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

| DOCUMENT # P97000100620 1. Corporation Name | | | | | | | 99 DEC 20 PM 4: 17 SEORETARY OF STATE TALLAHASSEE, FLORIDA | | |
|--|-------------------------------|----------------|----------------------------|---------------|--|-------------------------------|--|---|------------|
| PARCE | ELS A & B COR | PORATI | ON | - | | | ··· LEANA | SSEE, FLORIDA | |
| Principal Pl | ace of Business | | Mailing Addre | ess | and the second second | | and the second of the second o | #4 | - - |
| 100 SE 2ND STREET 17TH FLOOR MIAMI FL 33131 | | | 100 SE 2ND MIAMI FL 331 | STREET 17TI | H FLOOR | | | | |
| If above a | ddresses are incorrect in an | vwav line th | rough incorrect is | nformation a | nd enter correction below | | | er er general græde en græde e | |
| | ncipal Office Address, If App | | | | dress, If Applicable | 4. Date In | corporated or Qualified Business in Florida | 11/26/1997 | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 5. FEI Nu | mber | Applied For | |
| City & State | | | City & State | | • | _ | 65-0814130 Not Applicable | | |
| Zip Country | | Zip | | Country | 6. CERTIFI | CERTIFICATE OF STATUS DESIRED | | | |
| 7. Names | and Street Addresses of Ea | ch Officer and | l/or Director (Flo | rida nonprof | | | s) | | |
| Title(s) 2 Name of Officers and/or Directors PSD QUAST, GREGORY | | | 3 | | Street Address of E Officer and/or Direct | | City | / State / Zip | · |
| | | | • | 1621 WE | ST CHÂNUTE ROAD | | PEORIA IL 61615 | | |
| | -, | | | | 0.1. | * 1 | | | |
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| | | | | | | | , | | |
| 8. Name and Address of Current Register | | | | | | 9. Name a | 9. Name and Address of New Registered Agent | | |
| CLAYI | ON, WILLIAM R | - | | | Name Street Addres | s (P.O. Box Nur | nber is Not Acceptable) | | |
| | E 2ND STREET 17TH FL | OOR | , | | Suite, Apt. #, | Ftc \ | | | |
| MIAM | FL 33131 | | · | <u></u> | City | | | itate Zip Code | _ |
| 10. I, bein | appointed the registered a | gent of the ab | ove named corp | oration, am f | amiliar with and accept th | e obligations of | | -L | |
| Signature o | r Si | GIZA. | TO DENE | | QUIREC | | | 99 | |

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.

FILED