PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000000599**

1. Corporation Name

PENNEL BROKERAGE CO., INC.

Principal Place of Business

Mailing Address

725 N MAGNOLIA AVENUE

PO BOX 3463

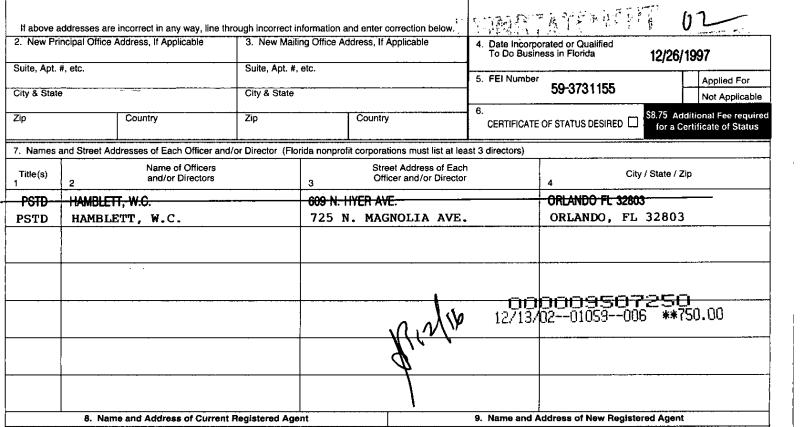
ORLANDO FL 32803

WINTER PARK FL 32790-3463

FILED

02 DEC 13 AM 10: 22

TALLAHASSEE, FLORIDA



Stephen M. Stone

Orlando

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

725 N. Magnolia Ave. Suite, Apt. #, Etc.

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. or 617.0505, F.S.

Signature of Registered Agent

HAMBLETT, W.C.

609 N. HYER AVE.

ORLANDO FL 32803

NATURE REQUIRED
REGISTERED AGENT MUST SIGN

11/22/02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-25-02

Daytime Phone #

Zip Code 3 2 8 0 3