

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600022620736  
08/28/03--01003--008 \*\*750.00

REINSTATEMENT 99-03

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000024839

1. Corporation Name  
P.I. Holdings, Inc.

2. Principal Office Address 1747 Van Buren Street Suite, Apt. #, etc. # 720 City & State Hollywood, FL Zip 33020 Country US		3. Mailing Office Address 1747 Van Buren Street Suite, Apt. #, etc. # 720 City & State Hollywood, FL Zip 33020 Country US	
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4. Date Incorporated or Qualified To Do Business in Florida 3/13/1998

5. FEI Number None 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

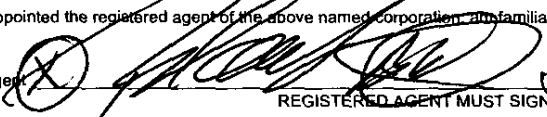
Name Peter Izaak

Street Address (P.O. Box Number is Not Acceptable) 1747 Van Buren Street - 720

Suite, Apt. #, Etc. # 720

City Hollywood State FL Zip Code 33020

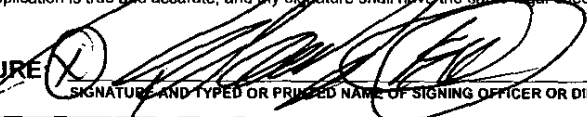
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date 8/18/03

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
Pres	Peter T. Izaak	1747 Van Buren Street #720	Hollywood, Fla. 33020

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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 8/18/03 Daytime Phone # 954-929-0016

CR2E081 (10/02)

21 8/21

**P. I. Holdings, Inc.**  
**1747 Van Buren Street #720**  
**Hollywood, FL. 33020**  
**954-929-0016**  
**954-929-0981 Fax**

August 18, 2003

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL. 32314

RE: Document Number #P98000024839

To Whom It May Concern:

Please be advised that we have not received any correspondence from your office pertaining to our Corporation Annual Report.

I have noticed that all on our corporation records the addresses are incorrect.

Attached please find a completed Corporation reinstatement form and our check in the amount of \$750.00 for the fee's from 1999 to current.

Please waive the \$600.00 reinstatement fee, since we never received any of our mail.

Any questions, please do not hesitate to contact our office.

Sincerely,



Diana L. Carlsen  
bookkeeper