PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FL REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			FILED 05 SEP -2 PM 12: 37 SLUNLIANT OF STATE TALLAHASSEE, FLORIDA			
DOCUMENT # P990000086 1. Corporation Name							TALLAHASSE	E, FĽÓ	RIDA
PE	EDICOA	T JUNCTION,	INC.						
2. Principal Office Address 3. Mailing C				Office Address		i	and green my		MIAMÉ
· ·			· ·	W Brandon Blvd					04-03
Suite, Apt. #		ndon bivd	Suite, Apt. #, etc.			**= *			
Suite, ript. W				•••			porated or Qualified		
City & State City & State						To Do Business in Florida 12/31/98			
-			Brandon, FL			5. FEI Number Applied For			
Zip	Country		Zip Country			65-0885405 Not Applicable			
3351	.1	USA	33511	USA		6. CERTIFICATE	OF STATUS DESIRED		dditional Fee required Certificate of Status
			7. Name an	d Address of Curi	ent Register	ed Agent			
	Name Cynthia L Hunter-Teacher Street Address (P.O. Box Number is Not Acceptable) 1619 Palace Court Street Address (P.O. Box Number is Not Acceptable) 1619 Palace Court 19/02/05-01019-005 **301.03								39 *****
	Suite, Apt. #, Etc.								
	Valr	ico		State Zip Code 33	594				
8. 1, 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 Date REGISTERED AGENT MUST SIGN									CRZEO81 (01/05)
	ames 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		
Р	V. R. Hunter		351	3514 Grand Magno		olia Pl	Valrico,	FL	33594
VP	Cynthia L Hunter-Teacher 1619				ce CT		Valrico,	FL	33594
S/T	Annette E. Hunter			3514 Grand Magnolia Pl		olia Pl	Valrico,	FL	33594
					/				
						TIGILA			
					6	\$ 1			
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 filling 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: 41 THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									

Date 08/25/2005

TO: FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RE: PEDICOAT JUNCTION, INC. **DOCUMENT # P99000000086**

LOCATION 1035 W. BRANDON BLVD BRANDON, FL. 33511

MAILING ADDRESS:

3514 GRAND MAGNOLIA DR VALRICO, FL. 33594 813-651-4461 813-685-9700

To Whom It May Concern:.

I am writing concerning the administrative dissolution of the above-mentioned corporation due to the non-filing of the Florida Annual Corporate Report and associated fee. This report was never received at the above mentioned mailing address, as such, I was not aware of the needed filing. All other Federal and State filings quarterly and annually have been received, filed and mailed accept for the report in question.

Please accept the attached Annual Report for the period in question and fees attached. I request that the penalty be waived for not filing due to the report not being received at the above-mentioned mailing address. I also request that the Corporation be reinstated as active.

Should you require any additional information regarding this Corporation please feel free to contact me at

813-651-4467

813-685-9700

813-610-6265

Edentes Dacher Cynthia L. Hunter-Teacher

Vice President