PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. page 1 of 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 NOV 20 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000003543

1. Corporation Name

PICK ONE CORP.

Principal Place of Business	Mailing Address
18525 S.E. PRESTWICK LANE TEQUESTA FL 33469	18525 S.E. PRESTWICK LANE TEQUESTA FL 33469

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/11/1999

5. FEI Number: 65-0888969 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SIX, DONALD L	18525 S.E. PRESTWICK LANE	TEQUESTA FL 33469
D	MCVAUGH, DONALD F	18525 S.E. PRESTWICK LANE	TEQUESTA FL 33469
D	VITALE, ALFRED W	18525 S.E. PRESTWICK LANE	TEQUESTA FL 33469
			200003505732--0 -12/19/00--01053--003 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

VITALE, ALFRED W
18525 S.E. PRESTWICK LANE
TEQUESTA FL 33469

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2E040 (8/00)

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.*

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 11/14/00
REGISTERED AGENT MUST SIGN

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 REQUIRED — 11/14/00 — 561 743-1707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Director & Treasurer

Pick-One Corp.
18521 S.E. PRESTWICK LN.
TEQUESTA, FLA. 33469

10/15/00

Katherine Harris, Secy of State
FLORIDA DEPT. OF STATE
DIVISIONS OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

Dear Ms. Harris:

I am returning herewith your Ctf. of Administrative Dissolution or Revocation. of Pick One Corp. eff. 9/22/00.

Please Know that neither myself or either of the other officers of this Corp. ever recieved any notification from the State of Florida regarding the timely filing of the Annual Corp. Report in question. I as Treasurer had open heart surgery in March & much of our mail was handled by others.

Please forward to me the documents which will have us file the report properly & without penalty - not having ever recieved the original request.

Thank you.

Sincerely
Alfred W Vitale, Treasurer
ALFRED W. VITALE (PICK ONE CORP)