PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTANDAMENT	and a
KEINS MA EMEIAL	N 20 11 11 11

FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

P99000027681 DOCUMENT #

1. Corporation Name

PEGASUS FINANCIAL, INC.

Principal Place of Business

Mailing Address

750 S. DIXIE HIGHWAY

750-S. DIXIE-HIGHWAY-

FILED

02 NOV -6 PH 3: 08

TALLAHASSEE, FLORIDA



BOCA RATON FL 33432 BOCA RATON FL 33492-				1					
If above	addresses are	incorrect in any way, line th	rough incorrect is	nformation	and enter correction below.				
			ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 03/25/1999				
Suite, Apt. #, etc. Suite, Apt. #		000,		5. FEI Number					
City & State City & Sta		City & State	CA RATON, FZ		65-0909196 Not App				
Zip		Country	Zip 3348	6	Country	6. CERTIFICATE	S8.75 FOR STATUS DESIRED	Additional Fee required a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer and	or Director (Flo	ida nonpre	ofit corporations must list at lea	st 3 directors)			
Title(s) 1	2	Name of Officers and/or Directors	Street Address of Each Officer and/or Director				City / State / Zip		
D	D KIRSCH, ANDREW L			750 S. DIXIE HIGHWAY			BOCA RATON FL 33432		
						<u> </u>	000882819 0201056005 *	3 6	
						11/06/	1 0201056005 *	*158.75	
					KWI	3	,		
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent					
FILINGS, INC.			Name WOREN L. KIRSCH						
3732 N.W. 16TH STREET			Street Address (B.O. Box Number is Not acceptable)						
FT. LAUDERDALE FL 33311-4132			Suite, Apt. #, Etc.			3			
					City Boc41	CATON	State	33486	
10. I, being	appointed the	e registered agent of the abo	ve named corpo	ration, am	familiar with and accept the ob	oligations of Section	on 607.0505, F.S. or 617.0505, I	F.S.	
Signature o	of Agent	-SIGKA	121	KE	QUIRED		Date	.02	
	90.11	Do	GISTERED ACI	ENT MUST	FEIGN		Date		

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:

10-29-02 561-392-9673

Date Daytime Phone #



Andrew L. Kirsch President

October 30,2002

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

To Whom It May Concern:

Enclosed herewith please find the Application for Reinstatement along with a check for the amount of \$158.75. This check shall cover the required \$150 filing fee and an additional \$8.75 for a Certificate of Status.

Unfortunately, we were unable to file previously since we had never received the prior UBR notices.

Please contact me immediately if you shall require any additional information.

Thanking you in advance for completing this filing, I am:

Sincerely,

Andrew L. Kirsch

President