2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000091740

1. Entity Name
P.D.E. SALES AND SERVICES INC.

FILED
04 OCT 15 AM 9:21
REINSTATEMENT 04

10052004 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
1218 S OSCEOLA AVENUE ORLANDO, FL 32806	710 E. MICHIGAN ST., SUITE 42 ORLANDO, FL 32806

2. Principal Place of Business	3. Mailing Address
	1218 S. Osceola Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Orlando FL
Zip / Country	Zip: 32806 / Country: Orange

4. FEI Number: 59-3600362 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ELLIOTT, PRESTON D 710 E. MICHIGAN ST., SUITE 42 ORLANDO, FL 32806	Name: Street Address (P.O. Box Number is Not Acceptable): 1218 S Osceola Avenue City: Orlando FL Zip Code: 32806

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Preston D Elliott
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $450.00
After January 1, 2005, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ELLIOTT, PRESTON D 1218 S OSCEOLA AVENUE ORLANDO, FL 32806 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300041905073 10/15/04--01076--007 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 10/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #