PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

ACCEPTED AND FILED
01 JUN -6 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200004416842--3
-06/13/01--01012--003
****900.00 ****900.00

DOCUMENT # S09309

1. Corporation Name

PRODUCT RESOURCE CONSULTANTS, INC.

2. Principal Office Address	**3.** Mailing Office Address
811 Pine Shadow Avenue	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Apopka, FL	City & State
Zip: 32712 / Country: U.S.A.	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 10-23-90

5. FEI Number: 59-3036973 ☐ 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: James David Poulter

Street Address (P.O. Box Number is Not Acceptable): 811 Pine Shadow Avenue

Suite, Apt. #, Etc.:

City: Apopka | State: FL | Zip Code: 32712

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: ✓ James D Poulter — Date: ✓ 5/30/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
D	James David Poulter	811 Pine Shadow Avenue	Apopka, FL 32712
D	Laura Jean Poulter	811 Pine Shadow Avenue	Apopka, FL 32712
D	Michael Reed Viccarondo	6306 S. MacDill Ave., #1209	Tampa, FL

mw

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: ✓ James D Poulter — James David Poulter — ✓ 5/30/01 — ✓ 407-267-8171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 173881 9585A

AUTHORIZATION :

COST LIMIT : $ PPD

ORDER DATE : June 5, 2001

ORDER TIME : 10:45 AM

ORDER NO. : 173881-005

CUSTOMER NO: 9585A

CUSTOMER: G. Edward Clement, Esq
Potter Clement Lowry &
308 East Fifth Avenue

Mount Dora, FL 32757

RECEIVED
2001 JUN -5 AM 10:24
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: PRODUCT RESOURCE CONSULTANTS, INC.

XX ___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#1156

EXAMINER'S INITIALS: MW