
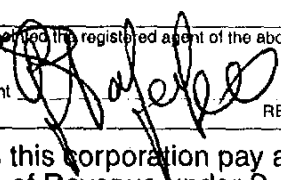
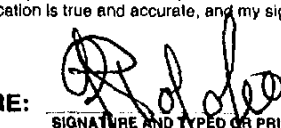


APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 JUN 18 PM 4:24	
<b>DOCUMENT #</b> <u>S 38984</u>					
<b>1. Corporation Name</b> <u>P.G. Corporation</u>					
<b>Principal Place of Business</b> <u>1046 Snoddick Drive</u> <u>Orange City, FL 32763</u>		<b>Mailing Address</b> <u>P.O. Box 952857</u> <u>LAKE MAY, FL 32795</u>			
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>					
<b>2. New Principal Office Address, If Applicable</b>		<b>3. New Mailing Office Address, If Applicable</b>		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>3-20-1991</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>5. FEI Number</b> <u>59-3059659</u>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
<b>Title(s)</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</b>	<b>City / State / Zip</b>		
<u>1</u>	<u>President Giuseppe Papa IEO</u>	<u>3215 TADSWORTH TERR</u>	<u>Heathrow, FL 32744</u>		
			<u>4000002218494--5</u> <u>-06/20/97--01076--002</u> <u>***1575.00 ***1575.00</u>		
<b>REINSTATEMENT</b> <u>92-97</u>					
<b>8. Name and Address of Current Registered Agent</b>			<b>9. Name and Address of New Registered Agent</b>		
<u>Giuseppe Papa IEO</u> <u>3215 TADSWORTH TERR.</u> <u>Heathrow, FL 32744</u>			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <u>FL</u> Zip Code		
<b>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.</b>					
Signature of Registered Agent 			Date <u>5-21-97</u>		
REGISTERED AGENT MUST SIGN					
<b>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
<b>12. 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.</b>					
<b>SIGNATURE:</b> 			<b>JUN 18 1997</b> <u>5-21-97</u> <u>407-295-9995</u> Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					