

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S75662

1. Corporation Name

PEETY INVESTMENTS, INC.

Principal Place of Business

Mailing Address

~~1070 EGRET LAKE WAY
C/O MACHEN POWERS
MELBOURNE FL 32940
US~~

~~POB 411089
C/O MACHEN POWERS
MELBOURNE FL 32940
US~~

LR

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.

1300 HAMPTON PARK LANE

PO BOX 411089

City & State
MELBOURNE FL

City & State
MELBOURNE FL

Zip
32940

Country
USA

Zip
32940

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

08/14/1991

5. FEI Number

65-0287877

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PT	TAUREL, LEON	1070 EGRET LAKE WAY	MELBOURNE FL 32940
SVP	DESROSIERS, SHEILA G	1070 EGRET LAKE WAY	MELBOURNE FL 32940

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DESROSIERS, SHEILA G
1070 EGRET LAKE WAY
MELBOURNE FL 32940

NEW ADDRESS

1300 HAMPTON PARK LANE

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

SHEILA G DESROSIERS

Date

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:

SHEILA G DESROSIERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/03

Date

321 795 0458

Daytime Phone #

FILED
03 DEC 23 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 2003

100025694801
12/23/03--01002--012 **758.75

CR2E040 (7/03)