


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ORIGINAL AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V63709

1. Corporation Name
Property Link International, Inc.

2. Principal Office Address <u>41264 U.S. 19N.</u>		3. Mailing Office Address <u>41264 U.S. 19N.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Tarpon Springs, FL</u>		City & State <u>Tarpon Springs, FL</u>	
Zip <u>34689</u>	Country <u>USA</u>	Zip <u>34689</u>	Country <u>USA</u>

REINSTATEMENT 04

4. Date Incorporated or Qualified To Do Business in Florida 9/14/1992

5. FEI Number <u>59-3142999</u>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Ina Mills

Street Address (P.O. Box Number is Not Acceptable)
435 Meadow Lark Lane

Suite, Apt. #, Etc.

City Palm Harbor State FL Zip Code 34683

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 Ina Mills Date 10/28/04

REGISTERED AGENT MUST SIGN

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
<u>P/T</u>	<u>Ina Mills</u>	<u>435 Meadow Lark Ln.</u>	<u>Palm Harbor, FL 34683</u>
<u>S</u>	<u>Buell B. Mills</u>	<u>435 Meadow Lark Ln.</u>	<u>Palm Harbor, FL 34683</u>

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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: Ina Mills Ina Mills, Pres. 10/28/04 (727) 784-5308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (01/04)