

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV 19 AM 8:19

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L28972

1. Corporation Name
 PIONEER SCREEN COMPANY, INC. II

Principal Place of Business Mailing Address
 1682 SW BILTMORE STREET 1682 SW BILTMORE STREET
 PORT ST. LUCIE FL 34953 PORT ST. LUCIE FL 34953



REINSTATEMENT 02

11-06-02 0117014 875875

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.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 11/09/1908

5. FEI Number 65-0165883 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED State Certificate Federal Certificate None

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PO	NEWMAN, MICHAEL J	1850 SW SUCCESS STREET	PT. ST. LUCIE FL 34953

8. Name and Address of Current Registered Agent

NEWMAN, MICHAEL J.
 1850 SW SUCCESS STREET
 PT. ST. LUCIE FL 34953

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 726 SE Adams Court
 Suite, Apt. #, Etc.

City Port St Lucie State FL Zip Code 34984

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 *Michael J. Newman* Date 11-18-02
 REGISTERED AGENT MUST SIGN 10-28-02

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., 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: *Michael J. Newman* 11-18-02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E040 (8/02)