

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000086666**

1. Corporation Name

**PI CONSTRUCTION CORPORATION**

FILED

97 APR 14 PM 3: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~1260 S. INCA  
DENVER CO 80223~~

~~1260 S. INCA  
DENVER CO 80223~~



**REINSTATEMENT** *9/2/97*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**12498 Pond Springs Rd**

Suite, Apt. #, etc.  
**Bldg A**

City & State

**Austonia, Tx**

Zip  
**78729**

Country  
**USA**

3. New Mailing Office Address, If Applicable

**12492 Research**

Suite, Apt. #, etc.  
**# 120-272**

City & State

**Austin Tx**

Zip  
**78750**

Country  
**USA**

4. Date Incorporated or Qualified To Do Business in Florida

**11/28/1994**

5. FEI Number

**84-1199992**

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	<b>HAIDARIAN, GEORGE N- Clary, William</b>	<b>3304 PERRY LANE- 12498 Pond Springs Rd Bldg A</b>	<b>AUSTIN TX 78791- 78729</b>

800002143498--2  
-04/15/97--01049--003  
\*\*\*\*923.75 \*\*\*\*923.75

8. Name and Address of Current Registered Agent

**CLARY, WILLIAM  
339 LAKE MARIETTA DRIVE WEST  
JACKSONVILLE FL 32220**

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	<b>FL</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.

Signature of Registered Agent

*William Clary*

REGISTERED AGENT MUST SIGN

Date **3-31-97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

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)(l), 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:

*William Clary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-31-97**  
Date

**512-918-1161**  
Daytime Phone #

CR2E040 (7/96)