

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUN 27 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P0000059335

1. Corporation Name

P.C. & P.C., Inc.

2. Principal Office Address

888 Brickell Avenue

Suite, Apt. #, etc.

Fifth Floor

City & State

Miami, FL

Zip

33131

Country

U.S.A.

3. Mailing Office Address

888 Brickell Avenue

Suite, Apt. #, etc.

Fifth Floor

City & State

Miami, FL

Zip

33131

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

06/19/2000

5. FEI Number

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

000021298800  
07/03/03--01044--002 \*\*1058.75

7. Name and Address of Current Registered Agent

Name

JUAN VICENTE URDANETA

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

888 Brickell Avenue, Fifth Floor

Suite, Apt. #, Etc.

Fifth Floor

City

Miami

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date 06/26/2003

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   |
|--------|-----------------------------------|--|----------------------|
| D, P   | Cirigliano, Pascual               | 888 Brickell Avenue, Fifth Floor               | Miami, Florida 33131 |
| D, VP  | Ciasca, Patrizia                  | 888 Brickell Avenue, Fifth Floor               | Miami, Florida 33131 |
|        |                                   |  |                      |
|        |                                   |  |                      |
|        |                                   |  |                      |

REINSTATEMENT 01-09-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/26/2003 (305) 358-0028

Date

Daytime Phone #

CR2E081 (10/02)