

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

03 NOV -3 AM 11:28

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000087258**

1. Corporation Name

**PCH SITES, INC.**

Principal Place of Business

Mailing Address

18296 NW 61 PL  
 MIAMI FL 33015

18296 NW 61 PL  
 MIAMI FL 33015

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



REINSTATEMENT 023

4. Date Incorporated or Qualified To Do Business in Florida

08/31/2001

5. FEI Number

65-1133119

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
P	CHIRINOS, YIMY	9545 NW 33RD AVE	MIAMI FL 33147
VP	PUJALT, FERNANDO	18296 NW 61 PL	MIAMI FL 33015

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PUJALT, FERNANDO  
 18296 NW 61 PL  
 MIAMI FL 33015

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10/25/03

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/03

Date

Daytime Phone #

CR2E040 (7/03)

October 20, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

**RE: PCH Sites, Inc.**  
**P01000087258**

Dear Sir/Madam;

On July 17<sup>th</sup>, 2003, I called your office to request a UBR to file my annual report for 2003, because I did not receive a copy. I was asked by you office to write a letter explaining why I did not file by UBR on time and also enclosed a check of \$150.00 for the filing fee. I did the above and last week I received a notice of administrative dissolution. I called your office again to inquire about this notice. I was then asked to write another letter and enclosed a copy of the report and the check that was cashed. I am hereby requesting that the fees charged to PCH Sites be waived.

Thank you.



Fernando Pujalt  
President