PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

FILED

03 DEC 17 PM 1: 48

APPLICATION
FOR
REINSTATEMENT



Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name

SIGNATURE:>

SIGNATURE AND PIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PCDEZINE, INC				SEURETARY OF S TALLAHASSEE, FL	TATE ORIDA	
Principal Place of Business	Mailing Address					
13968 SW 155 TERRACE MIAMI FL 33177						
If above addresses are incorrect in any way, line th	US rough incorrect information and ent	ter correction below.		00255539 03-01020013	372 **158.75	
2. New Principal Office Address, If Applicable	New Mailing Office Address.	Date Incorporated or Qualified To Do Business in Florida 12/24/2002				
Suite, Apt. #, etc.	Suite, Apt. #; etc.		(5) FEI Number			
City & State	City & State		30 - 0	2102539	Not Applicable	
Zip Country	Zip Cou	ntry	CERTIFICATE	OF STATUS DESIRED 🛭	3.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and	l/or Director (Florida nonprofit corp	orations must list at lea	ast 3 directors)	,		
Title(s) Name of Officers and/or Directors				City / S	City / State / Zip	
P Pablo CRIA	do 13968	Sw 155	th terr	MIAMI FO	33/77	
V SAIDY CRIA	du 13068	SW 155	to terr	MIAMI FO	6-33172	
·						
		\sim	TS	•		
			- 10			
5 120						
8. Name and Address of Current	Registered Agent		9. Name and A	Address of New Registered	Agent	
)		Name			}	
CRIADO, SAIDY K SRA 13968SW 155 TERRACE MIAMI FL 33177 Street Address (P Suite, Apt. #, Etc.			P.O. Box Number is Not Acceptable)			
						City
10. I, being appointed the registered agent of the ab	ove named corporation am/familiar	r with and accept the ot	bligations of Section	on 607.0505, F.S. or 617.05		
) [][]					
Signature of Registered Agent F	EGISTERED AGENT MUST SIGN			Date 19//6	0/03	
11. I certify that I am an officer or director or the rece this reinstatement application, the reason for diss owed by the corporation have been paid and the on this application is true and accurate, and my s	iver or trustee empowered to execu olution has been eliminated, the co names of individuals listed on this,	ute this application as properties name satisfies form do not qualify for	the requirements an exemption und	of section 607.0401 or 617.	0401, F.S., that all fees	





December 12, 2003

DIVISION OF CORPORATIONS ANNUAL REPORT/REINSTATEMENT SECTION PO BOX 6327 TALLAHASSEE, FL 32314-6327

Dear Sir or Madam:

As you can see on the records, we register a company on December 24, 2002:

We did not know about \$150 fee that it suppose to be yearly but most importantly, we never received a yearly business report, enclosing a \$150, we ask you to waive the penalties and accept the payment.

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Sincerely,

Saidy Criado, PCDezine, Inc.

Don't forget to visit www.pcdezine.com

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