

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT 14 PM 12:16

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000014311**

1. Corporation Name

PCC ENTERPRISES, INC.

800161698338
10/14/09--01022--005 **900.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

1749 E. HALLANDALE Bch Blvd 2500 PARKVIEW DR

3. Mailing Office Address

Suite, Apt. #, etc.
#707

Suite, Apt. #, etc.

#113

City & State

HALLANDALE FL

City & State

HALLANDALE FL

Zip

33009

Country

USA

Zip

33009

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

2/15/96

5. FEI Number

65-0673037

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JULIAN ALEXANDER

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

2500 PARKVIEW DRIVE

Suite, Apt. #, Etc.

#707

City

HALLANDALE

State

FL

Zip Code

33009

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

J Alexander

REGISTERED AGENT MUST SIGN

Date

10/3/09

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
DP	JULIAN ALEXANDER	2500 PARKVIEW DR #707 HALLANDALE, FL 33009	HALLANDALE, FL 33009
D	BRUCE ALEXANDER	2500 PARKVIEW DR #707 HALLANDALE, FL 33009	HALLANDALE, FL 33009
D	TIMOTHY ALEXANDER	1200 NE 129 ST	N. MIAMI, FL 33161

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 contained in Chapter 119, 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:

J Alexander JULIAN ALEXANDER

10/3/09

954 456 3437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #