

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

REINSTATEMENT

**08-09 P**  
**10/14/09**

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 #