## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMEN	11	#
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P97000014688

1. Corporation Name

PICKY, INC.

Mailing Address

3191 CORAL WAY, STE. 1005

Principal Place of Business

3191 CORAL WAY, STE. 1005

FILED 03 OCT 23 AM 9: 52

SECHETARY OF STATE TALLAHASSEE, FLORIDA

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MIAMI FL 33145 MIAMI FL 33145								
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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				4 Date incom	orated or Qualified			
				To Do Business in Florida 02/14/1997				
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #	#, etc.		5. FEI Numbe		Applied For	
City & State City & St.		City & State	ıte		65-1012002		Not Applicable	
Zip	<u> </u>	Country	Zip		Country	6. CERTIFICATE	E OF STATUS DESIRED  \$8	.75 Additional Fee required for a Certificate of Status
7. Names	and Street Ad	dresses of Each Officer and	d/or Director (Fi	orida nonprofit	corporations must list at lea	ast 3 directors)		
Title(s)			3	Street Address of Each Officer and/or Director		City / State / Zip		
D	GONZALE	, DANIEL 3610 YACHT C		HT CLUB DRIVE, #110		MIAMI FL 33145		
D	D BERMUDEZ, NORMA			3610 YACHT CLUB DRIVE, #110			MIAMI FL 33145	
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· · · · · · · · · · · · · · · · · · ·	8. Nam	e and Address of Current	Registered Ag	ent		9. Name and Address of New Registered Agent		
Name				Name .				
GRUENINGER & PUJOL P.A. Street Address				Street Address (F	P.O. Box Number	is Not Acceptable)		
3191 CORAL WAY, STE. 1005 MIAMI FL 33145 Suite, Apt.			Suite, Apt. #, Etc.	[ ]				
MINIMITE COTTO			Cuite, Apt. II, Etc.					
City				City	State Zip Code			
10. I, being	g appointed the	e registered agent of the ab	ove named corp	oration, am far	miliar with and accept the ol	bligations of Secti	ion 607.0505, F.S. or 617.050	95, F.S.
			)					
Signature o	of		<u> </u>	<u></u>			106/6	72
Registered		المالية	REGISTERED AC	SENT MUST S	ilGN		Date Date	

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

35 10/01/03

306 444-7442 Daytima Phone #

## Grueninger & Pujol, P.A.

Attorneys at Law 3191 Coral Way, Suite 1005 Miami, Florida 33145

Susana R. Grueninger, Esq. Joe L. Pujol, Esq. Merrill Braver Quintero, Esq. Telephone: (305) 444-7442 Facsimile: (305) 444-7703

October 21, 2003

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

RE: Document # P97000014688 Picky, Inc.

Dear Sirs:

Attached please find the Reinstatement Application and funds for the above mentioned corporation. This office is the registered agent of this corporation and we did not receive any one of the UBR reports this year.

Should you need any additional information please feel free to contact the undersigned.

Sincerely,

Ivonne A. Montero Legal Assistant

IAM/ me

Daniel Gonzalez, Directo