

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000079513

1. Corporation Name

PONVALL ENTERPRISES, INC.

FILED

99 OCT 25 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
18181 N.E. 31ST COURT APT 1610 NORTH MIAMI BEACH FL 33160	18181 N.E. 31ST COURT APT 1610 NORTH MIAMI BEACH FL 33160



REINSTATEMENT 99

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

4. Date Incorporated or Qualified To Do Business in Florida	09/15/1998
5. FEI Number	69-0865317
Applied For	SP
Not Applicable	
6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/> \$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
PD	VALLEJOS, ELSA	18181 N.E. 31ST COURT	NORTH MIAMI BEACH FL 33160
TD	PONCE, JULIO E	18181 N.E. 31ST COURT	NORTH MIAMI BEACH FL 33160
SD	PONCE, ROCIO	18181 N.E. 31ST COURT	NORTH MIAMI BEACH FL 33160
			80003033003 6 -11/02/99--01096--006 ****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MOLINA, JULIO C 7241 S. W. 132ND AVENUE MIAMI FL 33183		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.
Signature of Registered Agent: [Signature] REGISTERED AGENT MUST SIGN Date: 10/20/99

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] ELSA VALLEJOS Date: 10/20/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR20240 (8/99)