
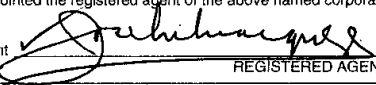
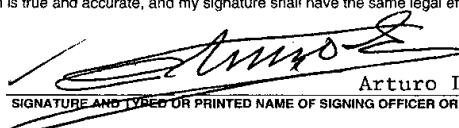


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE KATHERINE HARRIS Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000106881			
1. Corporation Name PEREIRA ENTERPRISES, INC.			
Principal Place of Business 3399 NW 72 Avenue Miami, FL 33126		Mailing Address c/o Jose M. Marquez, Esq. 782 NW LeJeune Road # 548 Miami, FL 33126	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 12/10/1999		5. FEI Number 65-0979346 Applied For 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	LOPEZ, Arturo	4921 Ronda Street	Coral Gables, FL 33146
DVPS	LOPEZ, Clara	4921 Ronda Street	Coral Gables, FL 33146
300004697033--8 -11/28/01--01051--025 ****750.00 ****750.00			
REINSTATEMENT 01 18			
8. Name and Address of Current Registered Agent MARQUEZ, Jose M., Esq. 782 NW LeJeune Road Suite 548 Miami, FL 33126		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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  Date November 21, 2001 REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Arturo Lopez, Director 11/21/01 (305) 324-9730 Date Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (12/96)