PLEASE READ	ALL INSTRUC	TIONS BEFORE (	OMPLETI	NG THIS FORM.	Do ICX
APPLICATION FOR REINSTATEMENT	FLORIDATE	ARTMATT OF STATE PLANTS OF State		FILED SECRETARY OF STATE ISJON OF CORPORATION	ins
DOCUMENT # P93 0000 88280			00 JUL 10 PM 6: 43		
1. Corporation Name  PRESSURP, 2000, INC.			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	10 Jur <u>10 FH 6. 43</u>	,
				-	
Principal Place of Business Mailing Address					
P.O. BOX 140012 Miami, florida, 33114-					
If above addresses are incorrect in any way, line to 2. New Principal Office Address, If Applicable	n and enter correction below.  Address, If Applicable	Date Incorp.  To Do Survey	014100 01 444411100	28-93	
Suite, Apt. #, etc. Suite, Apt. #, etc.			To Do Business in Florida  December 30, 193  5. FEI Number Applied For Not Applicable.		
City & State City & State					
Zip Country	- Zip	sCountry	CERTIFICATI	E OF STATUS DESIRED S8.75 for a	Additional Fee required Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporation  Name of Officers Officer  Title(s) 2 Street Officer 1 2 3 (Do NOT Use			rh or	City / State	/ Zip
1/P HUGO MUTICA ISIS PALA		5 PALANCIA AU	e	Coral Coubler.	F19.33146
3		s Dalancia Ave		Conal Gubler.	fla. 33146
			70	000332762 -07/19/000103 ****150.50	273 36013 ***150.25
					36014 ****23.25
Name and Address of Current Registered Agent     Name			9. Name and Address of New Registered Agent		
1515 PALAWCIA-ALL-	Street Address (	Street Address (P.O. Box Number is Not Acceptable)			
. Conal Gables, flg. 331	Suite, Apt. #, Etc	Suite, Apt. #, Etc.			
. Conac Gabies, 16.331	City	y State Zip Code			
10. I, being appointed the registered agent of the a Signature of Registered Agent	bove named corporation, a		obligations of Sect	ion 607.0505, F.S. Date 5-17-00	
11. This corporation owes the Intangible Personal Property	e current year		No D	(See other side for on intangib	
12. I certify that I am an officer or director or the recthis reinstatement application, the reason for disowed by the corporation have been paid and the on this application is true and accurate, and my	ssolution has been eliminat e names of individuals liste	ed, the corporate name satisfies ed on this form do not qualify fo	s the requirements ir an exemption un er oath.	s of section 607,0401 or 617.0401	, r.o., iliai ali lees
SIGNATURE: SIGNATURE OF E	HINLED NAME OF SIGNING	OFFICER OR DIRECTOR	<u> </u>	Date Dayti	me Phone #





## Hressure 2000, Inc.

June 21<sup>st</sup>, 2000

Florida Department of State Division of Corporations P.O. Box 6327, Tallahassee, Fl. 32314

Attention: Ms. Patricia G. Bailey

Your letter dated June 2000. Subject: Pressure 2000, Inc. Reference:

Ref. Number: P93000088280

Dear Ms. Bailey,

I acknowledge receipt of the labove mentioned letter, and will like to thank you for your time and consideration with regards to this matter.

I have requested from my Bank a copy of the statement you requested. However, in the meantime I am sending you this letter with a second money order pertaining to the remaining amount of USD15.00 to cover the difference between USD158.76 and USD173.75 covering the unpaid fees and service charge.

In your letter you mentioned that you require an explanation on why I did not respond to the sixty day notification letter. As I mentioned previously in my letters I did not received the notification from yourselves Twill like to reiterate that in 8 years I have send all payments and renewals on time, and that it is my intention to continue with my Corporation in good faith. Furthermore, perhaps the notification was lost in the mail, since the renewals are received via regular mail and not certified.

Thanking you in advance for your cooperation and understanding.

Sincerely,

🤄 Hugo Mujica

Innovation: