

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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DOCUMENT # 456715

1. Corporation Name
 PEDCOR, INC.

Principal Place of Business	Mailing Address
3625 NW 82nd Ave. Suite 102 Miami, FL 33166 USA	3625 NW 82nd Ave. Suite 102 Miami, FL 33166 USA

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 95-01

2. New Principal Office Address, If Applicable N/A	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 7/11/74
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-1395337
City & State	City & State	APPLICABLE FOR Not Applicable
Zip	Country	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
VP/T	ROBERTO POINCIANO	1820 SW 16 Street	Miami, FL 33145
P/S	JOSE PEREZ DE CORCHO	4012 Estepona Avenue	Miami, FL 33178
			200004527542--5 -08/03/01--01074--006 ***1650.00 ***1650.00

8. Name and Address of Current Registered Agent

PEREZ DE CORCHO, Jose
 4012 Estepona Avenue
 Miami, FL 33178-2343

9. Name and Address of New Registered Agent

Name N/A
 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 REGISTERED AGENT MUST SIGN Date 30 July 2001

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (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: 30 July 2001
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)