PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR 43 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 99 MAY 15 PM 1:17 **DOCUMENT** # 1. Corporation Name SECRETARY OF STATE
TALLAHASSEE, FLORIDA PEGASUS PROMOTIONS, INC. Principal Place of Business Mailing Address 9240 SUNSET DRIVE Suite 245 MIAMI, FLORIDA 33173
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 Incorporated or Qualified 9240 SUNSET DRIVE 9240 SUNSET DRIVE 3/13/84 Suite, Apt. #, etc. Suite Apt. #, etc. 5. FEI Number 245 Applied For 592369210 City & State City & State Not Applicable MIAMI, FLORIDA MIAMI, FLORIDA Country \$8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIRED 33173 USA 33173 7. Names and Street Addresses of £ ach Officer and/or Director. (Fiorida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip Pres. Al Catasus 567 N.E. 57th STREET FLORIDA 33137 MIAMI. Sec. -05/21/98--01008--031 ***1506.75 ***1508. ***1508.75 REINSTATEMENT 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name Al Catasus Al Catasus Street Address (P.O. Box Number is Not Acceptable) 567 N.E. 57th Street 567 N.E. 57th Street Miami, FL. 33137 Suite, Apt. #, Etc. N/A Zip Code MIAMI. 33137 10. I, being appointed the re above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. May, 14, 1998 REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information Yes*** Nol on intangible tax.) Intangible Personal Property tax due June 30. 12. Lentify 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

(305) 273-0336 5/14/98

Daytime Phone #

CR2E040 (1.98)