

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
John Smith
Secretary of State
DIVISION OF CORPORATIONS

L01000016802

03 JAN 24 PM 4:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000016802

Name and Mailing Address

0005101 01 FP 0.352 **PRST T6 0 0615 33704-370824

PERAZA CAPITAL AND INVESTMENT, LLC
224 ARANDA ST. NE
ST PETERSBURG FL 33704-3708

300009646653
12/23/02--01094--001 **150.00



MJH

FF\$200.00

1/24-2002-2003

2. New Mailing Address		4. State/Country of Formation	
City, State, Zip		FL	
Principal Place of Business		5. Date Organized or Qualified To Do Business in Florida	
224 ARANDA ST. NE ST PETERSBURG FL 33704		10/01/2001	
3. New Principal Place of Business Address		6. FEI Number	
City, State, Zip		59-3757546	
		Applied For	
		Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PERAZA, SUZETTE M 224 ARANDA ST. NE ST PETERSBURG FL 33704		Name Sam Lewis	
		Street Address (P.O. Box Number is Not Acceptable)	
		224 Aranda St. NE	
		City FL Zip Code	
		St. Petersburg 33704	

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Date 1/24/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	PC1 TRADING, INC.	224 ARANDA ST. NE	ST PETERSBURG FL 33704
P	Sam Lewis	224 Aranda St. NE	St. Petersburg FL 33704
CEO	Suzette M. Peraza	107 6th St	Belleair Bch, FL 33786
* Sent revised information on a "Corporate" form.			
transferred info to correct form for filing. 01/24/03--01039--011 **200.00			
mft			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Date 1/24/02 Daytime Phone # 727.458.5659

Typed or printed name of signing Managing Member/Manager