

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**99 AR**

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APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Sherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

99 DEC 27 PM 2:13

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **L18591**

1. Corporation Name  
**PALMARIGUANI ENTERPRISES CORP.**

Principal Place of Business Mailing Address  
~~901 PONCE DE LEON BLVD.~~ ~~901 PONCE DE LEON BLVD.~~  
~~701~~ ~~701~~  
~~CORAL GABLES FL 33134~~ ~~CORAL GABLES FL 33134~~  
~~US~~ ~~US~~  
 If above addresses are incorrect in any way, line through incorrect information and enter correction below.



|  |  |  |
|--|--|--|
| 2. New Principal Office Address, If Applicable<br><b>888 Brickell Ave.</b> | 3. New Mailing Office Address, If Applicable<br><b>888 Brickell Ave.</b> | 4. Date Incorporated or Qualified To Do Business in Florida<br><b>09/21/1989</b> |
| Suite, Apt. #, etc.<br><b>5th Floor</b>                                    | Suite, Apt. #, etc.<br><b>5th Floor</b>                                  | 5. FEI Number<br><b>65-0298409</b>   |
| City & State<br><b>Miami, FL</b>   | City & State<br><b>Miami, FL</b>   | Applied For<br>Not Applicable  |
| Zip<br><b>33131</b>  | Country<br><b>USA</b>  | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>                        |

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director                 | City / State / Zip   |
|----------|-----------------------------------|--|--|
| S        | SAEZ, PEDRO P.                    | <del>901 PONCE DE LEON BLVD.</del><br><b>888 Brickell Ave.</b> | <del>CORAL GABLES FL 33134</del><br><b>Miami, FL 33131</b> |
| V        | PUMAREJO, BEATRIZ                 | <del>901 PONCE DE LEON BLVD.</del><br><b>888 Brickell Ave.</b> | <del>CORAL GABLES FL 33134</del><br><b>Miami, FL 33131</b> |
| P        | PUMAREJO, JAIME                   | <del>901 PONCE DE LEON BLVD.</del><br><b>888 Brickell Ave.</b> | <del>CORAL GABLES FL 33134</del><br><b>Miami, FL 33131</b> |
| VT       | PUMAREJO, ALBERTO M.              | <del>901 PONCE DE LEON BLVD.</del><br><b>888 Brickell Ave.</b> | <del>CORAL GABLES FL 33134</del><br><b>Miami, FL 33131</b> |

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 -01/06/00-0005-005  
 \*\*\*\*150.00 \*\*\*\*150.00

|   |  |
|---|--|
| 8. Name and Address of Current Registered Agent<br><b>SAEZ, PEDRO P</b><br><del>901 PONCE DE LEON BLVD.</del><br><del>SUITE 701</del><br><del>CORAL GABLES FL 33134</del> | 9. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>888 Brickell Avenue</b><br>Suite, Apt. #, Etc.<br><b>5th Floor</b><br>City<br><b>Miami</b><br>State<br><b>FL</b><br>Zip Code<br><b>33131</b> |
|---|--|

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 **SIGNATURE REQUIRED** Date **12/21/99**  
 REGISTERED AGENT MUST SIGN

11. 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 REQUIRED** **12/21/99** (305)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# SÁEZ LEÓN URDANETA CALZADILLA & PÉREZ-BURELLI

AN INTERNATIONAL LAW FIRM

888 BRICKELL AVENUE  
FIFTH FLOOR  
MIAMI, FLORIDA 33131

TEL (305) 358-0028  
FAX (305) 358-4277

VENEZUELA OFFICE:  
ADOLFO A. CALZADILLA\*\*  
PEDRO LUIS PÉREZ-BURELLI\*\*

PEDRO P. SÁEZ  
ALBERTO A. LEÓN††  
JUAN VICENTE URDANETA\*

OF COUNSEL:  
GEORGE T. RAMANI, P.A.  
IVAN A. GOMEZ, P.A.††  
MARCELL FELIPE

\*FOREIGN LEGAL CONSULTANT  
NOT ADMITTED TO PRACTICE LAW IN FLORIDA  
\*\*ADMITTED ONLY IN VENEZUELA  
†REGISTERED PATENT ATTORNEY  
‡ALSO ADMITTED IN NEW MEXICO  
††CERTIFIED TAX ATTORNEY

December 21, 1999

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

Re: Palmariguani Enterprises Corp.

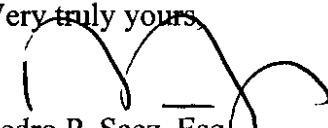
Dear Sir or Madam:

The undersigned is counsel and registered agent for the above named corporation. We have been advised that the corporation has been involuntarily dissolved due to failure to timely file its 1999 corporate annual report. We hereby respectfully request that the reinstatement fee be waived for the reasons set forth below.

The annual report form for this corporation was mailed to an obsolete address which was the former address of the registered agent through the calendar year 1997. Since that date, this corporation has filed its 1998 annual report on which the change of address of the corporation's principal place of business was noted. However, no such change was made in the records of the Department and the post office no longer forwards mail addressed to the old location. The corporation has not previously requested a reinstatement fee waiver.

Accordingly, we are hereby forwarding to you the Application for Reinstatement along with our client's check in the amount of \$150.00 payable to the Florida Department of State to cover the regular annual report fee. Please be sure to make all necessary address corrections so that we can be sure to file the 2000 corporation annual report in a timely manner. Thank you for your cooperation.

Very truly yours,

  
Pedro P. Saez; Esq.

PPS:xx  
Enclosure