

6/17/03 01 002 005 \$300.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

03 JUL 28 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**CORPORATION
REINSTATEMENT**

02-03

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000004744

1. Corporation NamePICTURE PERFECT INTERNATIONAL CONSULTING,
INC.**2. Principal Office Address**

3503 NE 2ND AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

3503 NE 2ND AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33137

Country

MIAMI-DADE

Zip

33137

Country

MIAMI-DADE

**4. Date Incorporated or Qualified
To Do Business in Florida****5. FEI Number**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status**7. Name and Address of Current Registered Agent**

Name

CHARLES S. SERFATY

Street Address (P.O. Box Number is Not Acceptable)

4330 SHERIDAN STREET

Suite, Apt. #, Etc.

SUITE # 202B

City

HOLLYWOOD

State
FLZip Code
33021**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 7/24/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	PATRICE HALLOT	3503 NE 2ND AVENUE	MIAMI, FLORIDA 33137

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/03

Date

305-759-5674

Daytime Phone #

CR2E081 (10/02)

7/27/03

DE OLIVEIRA & ASSOCIATES, P.A.

Attorneys At Law

2701 Le Jeune Road, Suite 410

Coral Gables, Florida 33134

Telephone: (305) 444-9012

Telecopier: (305) 444-4916

July 24, 2003

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 EAST GAINES STREET
TALLAHASSEE, FL 32399

**RE: REINSTATEMENT OF PICTURE PERFECT INTERNATIONAL
CONSULTING, INC.**

DOCUMENT #: P00000004744

Dear Sir/Madam:

In reference to the above-mentioned matter, please see attached Application for Corporation Reinstatement. We did not receive Annual Report Form for the year 2002, that is why we submitted payment in the amount of \$300.00 only. This check was sent to you previously and it was applied to Document #: P96000053229 in error, it was deposited on 6/17/03, under your Deposit #: 01 002 005. PLEASE MAKE SURE YOU APPLY THE PAYMENT OF \$300.00 TO THE CORRECT DOCUMENT #: P00000004744.

Please contact the Law Offices of Cristina De Oliveira, P.A. at 305-444-4916 if you have any questions regarding this transaction. Your attention and cooperation with this matter will be greatly appreciated.

Should you have any questions, please do not hesitate to contact me.

Sincerely,



Patrice Hallot
Picture Perfect International Consulting, Inc.