


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

03 APR 15 AM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000010869			
1. Corporation Name S. Jerry Pinto, Inc.			
2. Principal Office Address 1269 Fox Ridge Place Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.	
City & State Melbourne FL		City & State	
Zip 32940	Country USA	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 2-1-2000		5. FEI Number 593621498	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For Not Applicable	

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REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent		
Name Simmy Jerry Pinto		
Street Address (P.O. Box Number is Not Acceptable) 1269 Fox Ridge Place		
Suite, Apt. #, Etc.		
City Melbourne	State FL	Zip Code 32940

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 4-11-03

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
President	Simmy J. Pinto	1269 Fox Ridge Place	Melbourne, FL 32940

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

Simmy Jerry Pinto

4-11-03 321-960-4681

Date

Daytime Phone #

CR2E081 (10/02)