


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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<b>2001 CORPORATION REINSTATEMENT</b> <i>UBA</i>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 01 NOV -9 AM 9:25 SECRETARY OF STATE TALLAHASSEE FLORIDA	
<b>DOCUMENT # P00000018195</b>					
1. Corporation Name <b>PENEDO INC</b>					
2. Principal Office Address <b>10990 SW 36 ST</b> <i>ORDIEZ ENTR.</i> Suite, Apt. #, etc. <b>(N-A)</b> City & State <b>MIAMI FLORIDA</b> Zip <b>33165</b> Country <b>DADE</b>		3. Mailing Office Address <b>10990 SW 36 ST</b> <i>ORDIEZ ENTR.</i> Suite, Apt. #, etc. <b>(N-A)</b> City & State <b>MIAMI FLORIDA</b> Zip <b>33165</b> Country <b>DADE</b>		4. Date incorporated or qualified To Do Business in Florida <b>2-21-2000</b>	
5. FEI Number <b>65-0983982</b>				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

*2001 UBA M/M*

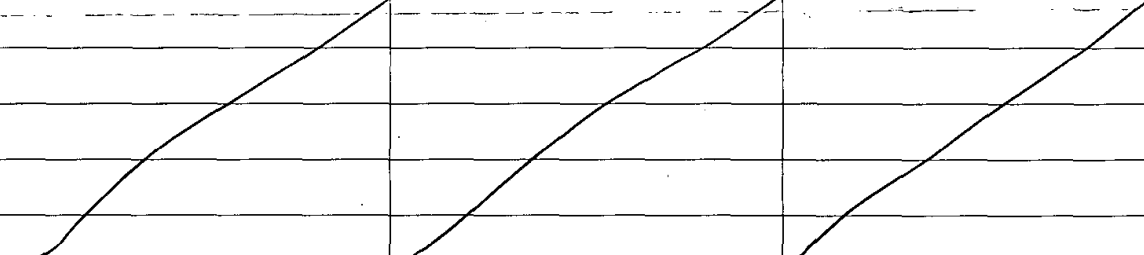
7. Name and Address of Current Registered Agent

Name <b>ABELARDO PENEDO JR</b> <i>90 R DIEZ ENTR</i>	
Street Address (P.O. Box Number is Not Acceptable) <b>10990 SW 36 ST</b>	
Suite, Apt. #, Etc. <b>(N-A)</b>	
City <b>MIAMI FLORIDA</b>	State Zip Code <b>FL 33165</b>

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 *Penedo president* Date **11-5-01**  
REGISTERED AGENT MUST SIGN

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
P	ABELARDO PENEDO JR	10990 SW 36 ST	MIAMI FL 33165
			

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: *Penedo president* Date **11-5-01** (800) 447-3798  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/00)

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**PENEDO, INC.**  
**INVESTIGATIONS & ARMED PERSONAL SECURITY**

E-mail U.S.A.: [penedomegasector@msn.com](mailto:penedomegasector@msn.com)  
10990 South West 36<sup>th</sup> Street  
Miami, Florida 33165

Ms. Michelle Milligan  
Document Specialist  
Florida Department of State  
Division of Corporations  
P.O.Box No. 6327  
Tallahassee, FL 32314

Dear Ms. Milligan:

Re: REFERENCE NO.P00000018195  
Letter No : 601A00050001

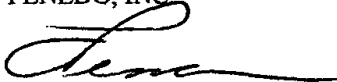
Pursuant to our telephone conversation and your subsequent letter of September 5, 2001, enclosed please find a 2001 uniform business report completely executed. With all sincerity I would like to inform you and the Department that I did not neglect to send the new application. As I stated to you during our telephone conversation of September 5, 2001, I simply did not receive the new application, that is the reason why I called you to start with.

Therefore, I respectfully request that the penalty fee be waived.

Anticipating your cooperation and understanding, enclosed please find a check in the sum of \$150.00.

If you need further information or clarification concerning the above-referenced matter, please call me at your convenience at 800-493-0026 or please page me at 800-799-5129.

PENEDO, INC



Abelardo Penedo  
President

AP:mp