

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000021179			
1. Corporation Name PCMIRACLE.COM INC.			
Principal Place of Business 9410 SW 103 AVE. MIAMI FL 33176		Mailing Address 9410 SW 103 AVE. MIAMI FL 33176	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	
Country		Country	
4. Date Incorporated or Qualified To Do Business in Florida 02/24/2000		5. FEI Number 65-0990088	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P, T, S, D, C	NAUSHAD I. MOHAMMED	9410 SW 103 rd AVENUE	MIAMI, FL. 33176
8. Name and Address of Current Registered Agent MOHAMMED, NAUSHAD I 9410 SW 103 AVE. MIAMI FL 33176		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
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.		Date 10/22/01	
Signature of Registered Agent		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: NAUSHAD I MOHAMMED		Date 10/22/01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 305-649-9998	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 26 AM 10:33



CR2E04C (8/01)

PCMiracle

42 NW 27th Avenue Suite 408
Miami, FL 33125
email: pcmiracle@cofs.net

Tel: (305) 649-9998

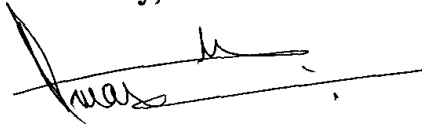
Fax: (305) 649-9998

October 23, 2001

To: Florida Department of State, Reinstatement Section
From: Naushad I. Mohammed
Re: Reinstatement of PCMiracle.com, Inc.

Enclosed is the application for reinstatement for PCMiracle.com, Inc. and a check for \$150.00. We are enclosing the \$150.00 because we did not receive the original Annual Report forms at our registered agent's address. We appreciate your cooperation in reinstating our Corporation.

Sincerely,



Naushad I. Mohammed
President, PCMiracle.com, Inc.