


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 APR -8 PM 1:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>P00-000059335</u>					
1. Corporation Name <u>P.C. & P.C., INC.</u>					
2. Principal Office Address <u>2655 LeJeune Rd.</u> Suite, Apt. #, etc. <u>#507</u> City & State <u>Coral Gables, Fl.</u> Zip <u>33134</u> Country <u>USA</u>		3. Mailing Office Address <u>Same</u> Suite, Apt. #, etc. City & State Zip Country		REINSTATEMENT <u>04-05</u> <u>EP</u> <u>300</u>	
4. Date Incorporated or Qualified To Do Business in Florida <u>6/19/00</u>				5. FEI Number <u>1</u> Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <u>Juan Vicente Urdaneta</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>2655 LeJeune Rd.</u>					
Suite, Apt. #, Etc. <u>#507</u>					
City <u>Coral Gables</u>				State <u>FL</u>	Zip Code <u>33134</u>
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 <u>Juan Vicente Urdaneta</u>				Date <u>3/22/05</u>	
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	
D/P	Pascual Cirigliano	2655 LeJeune Rd, #507 Coral Gables, Fl.		33134	
D/P	Patrizia Ciasca	2655 LeJeune Rd, #507 Coral Gables, Fl.		33134	
900051142459 04/19/05--01006--021 **1076.25					
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: <u>Juan Vicente Urdaneta</u>				Atty in fact for Pascual Cirigliano 3/22/05 305-728-1319	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	Daytime Phone #

CR2E081 (01/05)

2072

Coral Gables, Florida

March 16, 2005

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

Re: P.C. & P.C.

Dear Sir or Madam:

Please be advised that we did not received our annual report for the years 2004-2005.

Please reinstate the above mentioned Corporation our new address is 2655 LeJeune Road, Suite 507, Coral Gables, Florida 33134.

Sincerely yours,

P. emm

Director

Pascual Cirigliano