

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 21 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000096148

1. Corporation Name PESQUERA PROCALCA CORP.

2. Principal Office Address 540 BRICKELL KEY DR.

3. Mailing Office Address 540 BRICKELL KEY DR.

Suite, Apt. #, etc. 317

Suite, Apt. #, etc. 317

City & State MIAMI, FL

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Zip 33131 Country US

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REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 05-1045802

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 COMPLETE CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable) 7730 SW 68 TR

Suite, Apt. #, Etc.

City MIAMI

State FL Zip Code 33143

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 [Signature] A. BALLESTA, PRES. COMPLETE CORP. SERVICES, INC. Date 3/17/05
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 |
|---------------|-----------------------------------|--|------------------------|
| <u>P, VPS</u> | <u>ALARCON, JOHN</u> | <u>540 BRICKELL KEY DR. #317</u> | <u>MIAMI, FL 33131</u> |
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04/04/05--01081--015 **1050.00

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

[Signature] Date 3/17/05

Daytime Phone #