

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

02 APR 26 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000113477

1. Corporation Name

PED HOLDINGS, INC.

Principal Place of Business

Mailing Address

6700 S.W. 92 STREET  
MIAMI FL 33156

6700 S.W. 92 STREET  
MIAMI FL 33156

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~8966 SW 87 COURT~~

3. New Mailing Office Address, If Applicable

~~8966 SW 87 COURT~~

Suite, Apt. #, Etc.

#24

Suite, Apt. #, Etc.

#24

City & State

Miami FL

City & State

Miami FL 331

Zip

33176

Country

Dade

Zip

33156

Country

USA

REINSTATEMENT

01-02

4. Date Incorporated or Qualified  
To Do Business in Florida

12/12/2000

5. FEI Number

65-1068189

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	PABLO E. DELGADO.	8966 SW 87 CT #24	Miami, FL 33176

000005502390--7

05/10/02--01031--011

\*\*\*1352.50 \*\*\*\*300.00

8. Name and Address of Current Registered Agent

M & W AGENTS, INC.  
2101 CORPORATE BLVD.  
SUITE 107  
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

Pablo Delgado

Street Address (P.O. Box Number is Not Acceptable)

8966 SW 87 CT

Suite, Apt., Etc.

24

City

Miami

State

FL

Zip Code

33176

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.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/19/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305)  
10/19/01 270-7999

CR2E040 (8/01)