

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN -4 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P01000018325

1. Corporation Name

PORCELAIN CLASSICS INC

900037665339
06/04/04--01033--004 **8.75

900037665339
06/04/04--01033--005 **900.00

2. Principal Office Address

2900 N. COURSE DR

Suite, Apt. #, etc.

405

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

POMERANO Bch, FL 33069

City & State

Zip

33069

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FE Number

65-1077019

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

PETKU ARY

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

2900 NORTH COURSE DRIVE

Suite, Apt. #, Etc.

405

City

POMERANO Bch,

State

FL

Zip Code

33069

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

A. Petku

Date

JUNE 1, 2004

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	PETKU, ARY	2900 N. COURSE DR #401	POMERANO Bch, FL 33069
D	PETKU, ELIZABETH	SAME ADDRESS	
Y	BERMAN, STANLEY	405 N OCEAN BLVD #517	POMERANO Bch, FL 33062
T	BERMAN, HARRIET	SAME ADDRESS	

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:

A. Petku - ARY PETKU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

JUNE 1, 2004

Daytime Phone #

CR2001 (01/04)