

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 20 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000031697

1. Corporation Name

P.C. NOW INCORPORATED

Principal Place of Business

Mailing Address

6401 N.W. 38TH TERRACE  
VIRGINIA GARDENS FL 33166

6401 N.W. 38TH TERRACE  
VIRGINIA GARDENS FL 33166



000009418070  
12/09/02--01053--018 \*\*150.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

03/28/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DE LEON, MARIO	6401 N.W. 38TH TERRACE	VIRGINIA GARDENS FL 33166
SD	HERNANDEZ/DE LEON, ODILIA	6401 N.W. 38TH TERRACE	VIRGINIA GARDENS FL 33166
TD	<del>HERNANDEZ, MAXIMO</del>	<del>6401 N.W. 38TH TERRACE</del>	<del>VIRGINIA GARDENS FL 33166</del>
TD	EDWIN A. DE LEON	581 MINOLTA DR	Miami Springs FLA 33146

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERNANDEZ, MAXIMO  
6401 N.W. 38TH TERRACE  
VIRGINIA GARDENS FL 33166

Name

MARIO DE LEON

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

6401 N.W. 38TH TERRACE

Suite, Apt. #, Etc.

City

VIRGINIA GARDENS

State

FL

Zip Code

33166

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 12/23/02

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Exposito & Associates, Inc.*  
*Accountants*

Noel R. Puig  
Magali E. Puig

Suite 428  
LeJeune Centre  
782 N.W. LeJeune Road  
Miami, Florida 33126

Telephone (305) 442-8093  
Telefax (305) 448-4391

October 23, 2002

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

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Re: P.C. Now Incorporated  
Document # P01000031697  
6401 N.W. 38<sup>th</sup> Terrace  
Virginia Gardens, Florida 33166

Gentlemen:

We are respectfully requesting to abate the reinstatement fee of \$750.00 since we never receive the annual report.

Enclose please find annual report for the year 2002 and check in the amount of \$150.00 to pay for the report.

Thanking you for you help and cooperation in this matter.

Cordially,

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Exposito & Associates, Inc.



Magali, L. Puig