

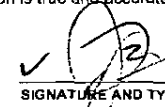


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 03 MAY -5 PM 12: 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>001000033656</u>				
1. Corporation Name <u>P + P SCULPTURE & FOUNTAINS, INC.</u>				
2. Principal Office Address <u>7250 N.W. 177th ST.</u>		3. Mailing Office Address		
Suite, Apt. #, etc. <u>211</u>		Suite, Apt. #, etc.		
City & State <u>MIAMI LAKES, FL.</u>		City & State		
Zip <u>33015</u>	Country <u>U.S.A.</u>	Zip	Country	
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number <u>65-1106461</u>		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable		
\$8.75 Additional Fee required for a Certificate of Status				
7. Name and Address of Current Registered Agent				
Name <u>PERAZA, JULIAN</u>				
Street Address (P.O. Box Number is Not Acceptable) <u>7250 N.W. 177th ST.</u>				
Suite, Apt. #, Etc. <u>211</u>				
City <u>MIAMI LAKES</u>		State <u>FL</u>	Zip Code <u>33015</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 		Date <u>4/1/03</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	
P.O.	PERAZA, JULIAN	7250 N.W. 177th ST. Apt 211	MIAMI LAKES, FL. 33015	
STD	Pichardo, Rodolfo	7250 N.W. 177th ST. Apt 211	MIAMI LAKES, FL. 33015	
900018022319 05/05/03--01109--022 **300.00				
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: 		<u>Perez</u>	<u>4/1/03 (305)</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	

CR2E081 (10/02)

ALBERT BENDER & COMPANY
2450 S.W. 137TH AVENUE
SUITE 215
MIAMI, FLORIDA 33175

tel 305-249-8307
cell 305-345-0339
fax 305-227-1204

Division of Corporations
Uniform Business Reports Filings
P.O. Box 1500
Tallahassee, Florida 32302

~~Dear Sir:~~

I am writing on behalf of my client P & P Sculpture and Fountains, Inc.
His wife called your office and spoke to you about never receiving the
2002 and 2003 Uniform Business Report.

The reason was that her husband became ill in the end of December 2001.
He never had his mail forwarded. He was quite ill due to high blood
pressure and has not worked at all.

I have enclosed a check in the amount of \$300.00 for bringing up to date
the Corporation. Please note our new address witch is her husband
home address. 7250 n.w. 177th Street apt 211 Miami Lakes, Fl. 33015.

I really appreciate your cooperation.

Very truly yours,



~~Albert Bender~~

Accountant