


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 APR 25 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # PCG OF South Florida, Inc.
1. Corporation Name
#P01000052149

2. Principal Office Address <u>15120 Southwest</u> Suite, Apt. #, etc. <u>51st Street</u> City & State <u>Miramar, FL</u> Zip <u>33027</u> Country <u>U.S.A</u>		3. Mailing Office Address <u>15120 Southwest</u> Suite, Apt. #, etc. <u>51st Street</u> City & State <u>Miramar</u> Zip <u>33027</u> Country <u>U.S.A</u>	
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4. Date Incorporated or Qualified To Do Business in Florida <u>5/25/01</u>	
5. FEI Number	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <u>Rodolfo Landires</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>15120 Southwest 51st Street</u>		
Suite, Apt. #, Etc.		
City <u>Miramar</u>	State <u>FL</u>	Zip Code <u>33027</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 <u>Rodolfo Landires</u>	Date <u>4/22/05</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
PD	Guillermo F Moran	15120 S.W. 51st Street	Miramar, FL 33027
BD	Rodolfo Landires	15120 S.W. 51st Street	Miramar, FL 33027
ID	Orestes Karl	15120 S.W. 51st Street	Miramar, FL 33027

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>Rodolfo Landires / SD</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>04/22/05</u> Daytime Phone #

T. Roberts APR 25 2005

CR2E081 (01/05)