PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR- REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood......

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name

PERFECT PORCELAIN SOLUTIONS, INC.

Principal Place of Business

Mailing Address

632 MARINER WAY ALTAMONTE SPRINGS FL 32701 632 MARINER WAY

ALTAMONTE SPRINGS FL 32701

FILED

03 DEC - 5 PH 1: 46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



If above a	addresses are incorrect in any way, line thr	ough incorrect in	oformation and enter	correction below	INST	ATEMEN	IT n3	
			ailing Office Address, If Applicable		Date Incorporated or Qualified To De Rusinger in Florida			
Suite, Apt. #, etc. Suite,		Suite, Apt. #,	, Apt. #, etc.		5. FEI Number Applies		Applied For	
City & State City			City & State			59-3728601 Not Applie		
Zip	Country	Zip_ ~	Country	y	CERTIFICATI	E OF STATUS DESIRE		tional Fee required stificate of Status
7. Names	and Street Addresses of Each Officer and/	or Director (Flo	rida nonprofit corpora	tions must list at le	ast 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director			City / State / Zip			
<u>D</u>	MANCILLA, JOHANNA	632 MARINER WAY			ALTAMONTE SPRINGS FL 32701			
D	MANCILLA, ISMAEL	632 MARINER WAY			ALTAMONTE SPRINGS FL 32701			
					11/12	00245 0301009	79001 -020 **15	0.00
		·						
	8. Name and Address of Current	-1	9. Name and Address of New Registered Agent					
	ICM ATI	EM	AN cilla DR	Name SM	tel E	MANC	IIA D	
	ILLA, JOHANNA (SYMPE) ARINER WAY	n. O	Street Address (I	P.O. Box Number	is Not Acceptable)	M	M (28)	
	IONTE SPRINGS FL 32701		<u>ب - سب - ب</u>	Suite, Apt. #, Etc		 	~ - - - - - - - - - 	======================================
				AUTAL	whe	Spa	State Zip C	270]
10. I, being	g appointed the registered agent of the abo	ve named corpo	oration, am familiar wi	th and accept the o	bligations of Sect	ion 607.0505, F.S. o	r 617.0505, F.S.	
Signature (Registered	of Agent SMALDING	MUM EGISTERED AG	AREQU TENT MUST BIGN			Date	3-03	3
	that I am an officer or director or the recei							

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.

Perfect Porcelain Solutions, Inc. 632 Mariner Way Altamonte Springs Fl. 32701 Tel. (407)709-1759

11/4/03

To Whom It May Concern:

Please be advised, as per conversation, I am writing you this letter to advised you that I never received a letter prior to this Administrative Dissolution or-Revocation notice:—

I am enclosing a check as per conversation with a representative.

Should you have any questions or need additional information please do not hesitate to contact me.

Sincerely,

Ismael Mancilla

Perfect Porcelain Solutions Inc. 632 Mariner Way Altamonte Springs Fl. 32701 Tel.(407)709-1759

9/14/03

To Whom It May Concern:

Please be advised that I Johanna Mancilla, acting president of Perfect Porcelain Solutions Inc.-have no interest to conduct further business. I am resigning from this position as of 9/15/03. Further more, I am placing Ismael Mancilla as the president and secretary of Perfect Porcelain Solutions Inc. All transactions and financial business will be handle by Mr. Ismael Mancilla.

Should you have any questions please feel free to contact me at the above telephone number.

Sincerely,

Johanna Mancilla

Ismael Mancilla

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