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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 30 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002
2003
NBR

0203

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PD1000094321**

1. Corporation Name
PABLO PICASSO INTERNATIONAL, Corp

2. Principal Office Address
15332 N.W. 7 AVE

3. Mailing Office Address
15332 N.W. 7 AVE

Suite, Apt. #, etc.
MIAMI, FL

City & State
MIAMI, FL

Zip
33169

Country

4. Date Incorporated or Qualified To Do Business in Florida
09-25-01

5. FEI Number
65-1138393

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
Patricia Abu-Hussein

Street Address (P.O. Box Number is Not Acceptable)
5221 Fletcher Street, #1

Suite, Apt. #, Etc.

City
Hollywood

State
FL

Zip Code
33021

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
Patricia A. Abu-Hussein

REGISTERED AGENT MUST SIGN

Date
4/30/03

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
DP	Antoine, Paul	15332 N.W. 7 AVE	MIAMI, FL 33169
CEO	Antoine, Paul	15332 N.W. 7 AVE	MIAMI, FL 33169

800018024068
05/05/03--01119--002 **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: **Antoine**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
4/30/03

(305) 688-9833
Daytime Phone #

CR2001 (10/02)

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This letter is in reference to my corporation's reinstatement. I apparently didn't make it clear enough with the letter I wrote before.

I would like to make it clear that I did not receive the information that was sent to me so that I could reinstate my corp. The address that was being used was not the mailing address for my business.

If there is any information that needs to be sent to me please mail it to
15332 N.W. 7 Ave, Miami, FL 33169.

My check was received already by your office for 300⁰⁰ on 5/5/03

Paul Antonio
President / CEO