
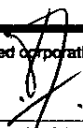
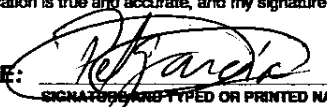


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000102345			
1. Corporation Name P.B.D. ENTERPRISES INC.			
2. Principal Office Address 340 SOMERSET WY Suite, Apt. #, etc.		3. Mailing Office Address 340 SOMERSET WY Suite, Apt. #, etc.	
City & State WESTON FL		City & State WESTON FL 33326-2980	
Zip 33326-2980	Country USA	Zip 33326-2980	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 10-23-2001		5. FEI Number 651149504	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		7. Additional Fee required for a Certificate of Status \$8.75	
7. Name and Address of Current Registered Agent			
Name RICARDO PORTILLO			
Street Address (P.O. Box Number is Not Acceptable) 340 SOMERSET WY			
Suite, Apt. #, Etc.			
City WESTON		State FL	Zip Code 33326-2980
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 02-19-04	
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
PSD	PELAYO GARCIA	340 SOMERSET WY	WESTON - FL-33326-2980
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: 		Date 02-19-04	
SIGNATURE: PELAYO GARCIA		Daytime Phone # 954-660-0852	

FILED
04 MAR -9 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT **03-04**

400029330894
02/25/04--01006--015 **150.00

400029330894
03/09/04--01038--007 **60.00
47/03 90136 005 150.00

CR2E081 (01/04)

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