

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC 31 AM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000109955

1. Corporation Name

PC S@LUTIONS, CORP

2. Principal Office Address - No P.O. Box #
18151 NE 31st CT

3. Mailing Office Address
18151 NE 31st CT

Suite, Apt. #, etc.
1801

Suite, Apt. #, etc.
1801

City & State
Aventura, FL.

City & State
Aventura, FL.

Zip
33160

Country
DADE

Zip
33160

Country
DADE

REINSTATEMENT 07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **NOV 15, 2001**

5. FEI Number
65-1154783

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
IVAN OCHOA

Street Address (P.O. Box Number is Not Acceptable)
18151 NE 31st CT

Suite, Apt. #, Etc.
1801

City
Aventura.

State
FL

Zip Code
33160

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Ivan D. Ochoa
REGISTERED AGENT MUST SIGN

Date **DEC 27, 2007**

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	IVAN OCHOA	18151 NE 31st CT #1801	Aventura, FL. 33160
VP	GLORIA BUITRAGO	18151 NE 31st CT #1801	Aventura, FL. 33160

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12/31/07--01040--004 **158.75

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 contained in Chapter 119, 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:

Ivan D. Ochoa / **IVAN OCHOA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/27/07

Daytime Phone #

305 773 1816

11220