	· ÞLEA	ASE READ	ALL INSTRUC	РИОІТ	BEFORE C	OMPLET	ING THIS FO	ORM.		
	RPORATION ISTATEMENT		FLORIDA DEPA Secret DIVISION O	ary of St	tate	11 MUL 9	AM 7: 09 OF STATE EE, FLORIDA			
DOCUMENT #P01000113059 1. Corporation Name										
Ps	FP LN	xuly	acosp	\mathcal{I}_{c}	NC.	į				
W09-22770							900155776219 05/11/0901047020 **158.75			
1865 BRICKELLAY			3. Mailing Office Address 1865 BRICKELLAN. Suite, Apt. #, etc.			05/11/03=~0104(~-020 **158.75 CR2E081 (12/08)				
#1012 =			#1012			4. Date Incorporated or Qualified To Do Business in Florida 11/28/2001				
City & State MIAMI, F			City & State MIAMI'-FL			5. FEI Number				
^{zip} 33	129 Country	Aڪڙ	^{Zip} 33129	Count	ÜSA	6.	OF STATUS DESIRED		dditional Fee requ Certificate of Stati	
7. Name and Address of Current Registered Agent										
Name CARLA PRADO						The reinstatement fee is imposed, except in circumstances which the entity did not receive				
Street Address (P.O. Box Number is Not Acceptable)						the prior notices. By checking this box, you				
1865 BILICKELL AV. Sulta, Apt. #, Etc.						are certifying the prior notices were not received and requesting the reinstatement				
#1012				State Zip Code			fee be waived.			
	<u> MIAMI</u>			FL	33129					
8. I, being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.										
Signature of Registered Agent							Date 5/7/09			
REGISTERED AGENT MUST SIGN										
9. Names	and Street Addresses		Vor Director (Florida nor	•			I			
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
PB	PRADO	CARL	A 189	05B		DIF JOK			-1 33129	
						9001 16/09	557762 01016012	119 **291.2	25	
<u></u>	REINS	STATE	MENT		l	06/16/09	01016012	**291.7	25	
			RI	4						
-	<u> </u>			<u> </u>						
this rei	instatement application,	, the reason for disso	ver or trustee empowere	ted, the corp	corate name satisfies	the requirements	of section 607,0401 of	r 617.0401. F	S. that all fees	
on this	by the corporation have application is true and	accurate, and my sk	names of individuats liste gnature shall have the s	ame legal <i>e</i> t	rip do not quality for a lect as if made under	an exemption com roath.	ained in Chapter 119	, r.S. The info	mation indicated	

SIGNATURE:

5/7/09 Date

(305) 4906424 Daytime Phone #