

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

W04005014137

FILED
04 APR 20 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 701000117237

1. Corporation Name

PENATES CORP.

2. Principal Office Address

11865 CORAL WAY

Suite, Apt. #, etc.

SUITE A-10

City & State

MIAMI FLA

Zip Country

33175 DADE

3. Mailing Office Address

11865 CORAL WAY

Suite, Apt. #, etc.

SUITE A-10

City & State

MIAMI FLA

Zip Country

33175 DADE

4. Date Incorporated or Qualified To Do Business in Florida

12/11/01

5. FEI Number

02-0538913

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

Kimberly NEWMAN

Street Address (P.O. Box Number is Not Acceptable)

11865 CORAL WAY

Suite, Apt. #, Etc.

SUITE A-10

City

MIAMI

State

FL

Zip Code

33175

500035825615
05/10/04--01091--016 **900.00
500035825615
05/10/04--01091--017 **150.00
500035825615
05/10/04--01091--018 **8.75

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

4/13/04

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)	Kimberly NEWMAN	11865 CORAL WAY SUITE A-10	MIAMI FL 33175

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)(f), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04

Date

305 235-4238

Daytime Phone #

CR2E081 (9/00)