


PS 172

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 APR -7 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000018653			
1. Corporation Name PETESYS, INC.			
2. Principal Office Address 9495 SW 92ND ST Suite, Apt. #, etc. City & State MIAMI FL Zip 33176 Country US		3. Mailing Office Address 9495 SW 92ND ST Suite, Apt. #, etc. City & State MIAMI FL Zip 33176 Country US	

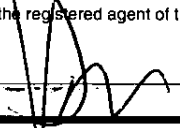
REINSTATEMENT B-04

4. Date Incorporated or Qualified To Do Business in Florida 2/19/02	Applied For <input type="checkbox"/>
5. FEI Number 01-0605061	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Peter LORENS		
Street Address (P.O. Box Number is Not Acceptable) 9495 SW 92ND ST		
Suite, Apt. #, Etc.		
City MIAMI	State FL	Zip Code 33176

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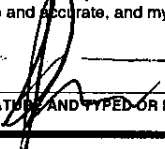
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  **REGISTERED AGENT MUST SIGN**

Date 4/1/04

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.D. Peter LORENS		9495 SW 92ND ST	MIAMI FL 33176

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date 4/1/04 **Daytime Phone #**

CR2001 (01/04)

Attachment

ps 282

April 2, 2004

Department of State
Division of Corporations
Tallahassee, FL 32314

Subject: Petesys, Inc. P02000018653

To Whom It May Concern:

This letter is in regards to the corporation annual report for the 2003 filing year. According to your records, you never received an annual report for our corporation. We never received any of the reports from Tallahassee. If we had received the reports, we would have sent them immediately. Last year we moved and a large portion of our mail was lost and misplaced. After a conversation with Tallahassee, we were told to send a reinstatement and a check for \$150.00 for 2003 and \$150.00 for the 2004 year. We apologize for any inconvenience this may have caused and ask that you accept our check for \$300.00 for the 2003 and 2004 filing year. We never meant to send the report late, if we would have received the report, we would have sent it on time. Please accept our apologies for any inconvenience this may have caused.

Please accept this check of \$300.00 for the annual report for 2003 and 2004. Thank you very much for your cooperation.

Sincerely,


Pedro Florens
President