

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

FILED

04 APR 26 AM 8:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000071944

1. Corporation Name

PIALEX 1, INC

2. Principal Office Address

12242 SW 8th STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33184

Country

DADE

3. Mailing Office Address

12242 SW 8th STREET

Suite, Apt. #, etc.

City & State

MIAMI

Zip

33184

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

41-2050796

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

MARTINEZ, ALEXANDER

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

Suite, Apt. #, Etc.

14290 SW 122 CT

City

MIAMI

State

FL

Zip Code

3386

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

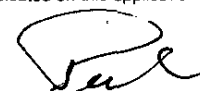
REGISTERED AGENT MUST SIGN

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
P	COLON, PILAR	14290 SW 122 CT	MIAMI, FL 33186
VP	MARTINEZ, ALEXANDER	14290 SW 122 CT	MIAMI, FL 33186

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:



PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2004

Date

305-487-6600

Daytime Phone #

7

PIALEX 1, INC

12242 SW 8th ST.
MIAMI, FL 331184
TEL: 305-487-6600
FAX 305-487-6601

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: 2003 and 2004 Annual Report

Dear Sir/Madam:

Early in 2003 we sent our check # 1212 for \$150.00 and the related uniform business report. However, on July 7, 2003 we received a letter from you where you mentioned that you had received our check # 1212, but that the document was missing. Immediately, we mailed another copy on August 26 2003. Nevertheless, the status of the corporation remains dissolved for annual report.

Please note, as mentioned in our original letter, that we never received a uniform business report back in 2003 (but yet we prepared one manually and mailed twice as requested). Therefore, we kindly ask you to waived any penalty and reinstated the status of our corporation.

W are enclosing a reinstatement form and a check for \$150.00.

Sincerely yours,



Pilar Colon
Vice-president