
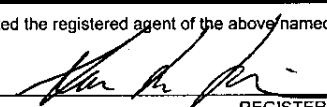
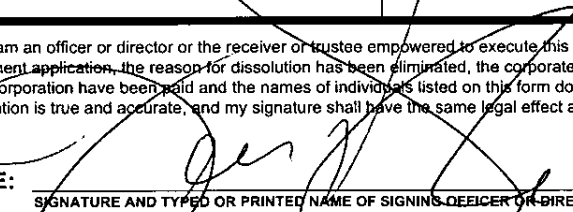


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b> <b>03 DEC 23 PM 4:25</b> <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>	
<b>DOCUMENT #</b> P02000074348					
<b>1. Corporation Name</b> Popular Pristine Properties Inc.					
<b>2. Principal Office Address</b> 2121 N. Ocean Blvd. Suite, Apt. #, etc. Suite 507 E City & State Boca Raton FL Zip 33431 Country US		<b>3. Mailing Office Address</b> (same) Suite, Apt. #, etc. City & State City & State Zip Country		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 12/23/03--01004--004 **750.00 <b>REINSTATEMENT 2003</b>	
<b>5. FEI Number</b> 13-4268240				<b>Applied For</b> Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>		
Name Sean Mendillo		
Street Address (P.O. Box Number is Not Acceptable) 4601 46 <sup>th</sup> Way		
Suite, Apt. #, Etc.		
City West Palm Beach	State FL	Zip Code 33407

<b>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.</b>			
Signature of Registered Agent 		Date 12-17-03	
REGISTERED AGENT MUST SIGN			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	John Mendillo	2121 North Ocean Blvd.	Boca Raton FL 33431
V.P.	Sean Mendillo	4601 46 <sup>th</sup> Way	West Palm Beach FL 33407
Tres.	Jeanine Renzulli	2328 10 <sup>th</sup> Ave. North	Lake Worth, FL 33461
Sec.	Jeanine Renzulli	2328 10 <sup>th</sup> Ave. North	Lake Worth, FL 33461
<b>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.</b>			
<b>SIGNATURE:</b> 		Date 12/17/03	Daytime Phone # 561-251-9365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E081 (10/02)