

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P02000088640**

1. Corporation Name

PC-NET SYSTEM INC.

2. Principal Office Address

8670 NW 6TH LN

Suite, Apt. #, etc.

209

City & State

MIAMI, FL

Zip

33126

Country

USA.

3. Mailing Office Address

8670 NW 6TH LN

Suite, Apt. #, etc.

209

City & State

MIAMI, FL

Zip

33126

Country

USA.

FILE

04 APR -2 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400032493604
04/12/04--01108--003 **308.75

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

51-0421399

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 **GONZALO BORJAS**

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

8670 NW 6TH LN

Suite, Apt. #, Etc.

209

City

MIAMI

State

FL

Zip Code

33126

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

04/01/04

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	OSCAR FARIA	440 WEST PARK DR #103	MIAMI, FL 33172
VP	GONZALO BORJAS	8670 NW 6TH LN #209	MIAMI, FL 33126

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GONZALO BORJAS

04/01/04

305-2671031


TO: Division OF CORPORATION

FROM: DC-NET SYSTEM INC.
DOC #: 702000088640
FEI: 51-0421399
OFFICER # GONZALO BOWAS.

PLEASE BE ADVISED THAT THE REASON THAT
WE DIDN'T GET THE ANNUAL REPORT WAS
THAT WE CALLED YOUR OFFICE FOR ADDRESS
CHANGE EARLY 2003 AND WAS NEVER DONE

PLEASE ACCEPT OUR PAYMENT FOR \$ 300.00
FOR 2003 & 2004 WITHOUT PENALTY.

THANKING YOU IN ADVANCED


PRESIDENT.