PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ه^{رين}د . ميرو

CORPORATION	FLORIDA DEPARTMENT OF STATE	, , , , , , , , , , , , , , , , , , ,
REINSTATEMENT	Secretary of State division of corporations	05 NOV 18 AM 11: 50
		TALLAMAN CALLEGRIDA
1. Corporation Name	0104790	ALL, MASC 2, 1 201001
PEL WATC,	A, INC.	03.05
2. Principal Office Address	3. Mailing Office Address	-
1413 NW 5 AVE	1413 NW 5 AVE.	6/01/00 CR2E081 (8/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/21/05 0/030 026 \$ 1,058.70
City & State	City & State	To Do Business in Florida 9/27/2002
FORT LAUDERDAL & FL	FORT LAUDURANCE, FL	5. FEI Number 20 - 377 3992 Not Applied For Not Applicable
7 2 Country 1 3 3 3 3 3 1 1 1 1 . 5 . A	3331/ Country U. S.A	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
C-ERARD J.	PRICE	
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City.		
FORT LAUDER	DAL 9	State Zip Code 333//
8. I, being appointed the registered agent of the abo	ove named corporation, am familiar with and accept the	e obligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent	J. PAICO	
Ry	EGISTERED AGENT MUST SIGN	
9. Names and Street Addresses of Each Officer an		
Officers and/or Directors	Street Address of I Officer and/or Dire	
PRES GERARD J. PRIC	6 1413 NW 3	AVE FT. LAUDOPPACE FL 33311
PRES GERAPO J. PRI	CE 1413 NW 5	AVG FT. LAUDIRONG FL 33311
SC. GURARD J. P.	RICE 1413 NW :	S AVE FT. LAUDINEDALY, EL 53311
TRUAS GERARD J. PA	RICE 1413 NW 3	AVE FT, LAUDHDALL, FL 35311
this reinstatement application, the reason for dis- owed by the corporation have been paid and the	solution has been eliminated, the corporate name sati names of individuals listed on this form do not qualify signature shall have the same legal effect as if made i	as provided for in chapter 607 or 617, F.S. I further certify that when filing slies the requirements of section 607.0401 or 617.0401, F.S., that all fees for an exemption under section 119.07(3)(i), F.S. The information indicated inder oath.
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #		