

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 AUG -1 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000189365

1. Corporation Name

P I H C Corporation

REINSTATEMENT 04-05

2. Principal Office Address

5701 Collins Ave.

Suite, Apt. #, etc.

# 1014

City & State

Miami Beach, FL

Zip

33140

Country

USA

3. Mailing Office Address

5701 Collins Ave.

Suite, Apt. #, etc.

# 1014

City & State

Miami Beach - FL

Zip

33140

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12.9.02

5. FEI Number

22-3887508

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

Miguel Mato

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

5701 Collins Ave.

Suite, Apt. #, Etc.

# 1014

City

Miami Beach

State

FL

Zip Code

33140

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 7/22/05

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
D	JAVIER ALVAREZ	5701 Collins Ave. # 1014	Miami Beach- FL 33140
D	MARIA M. Hernandez	5701 Collins Ave. # 1014	Miami Beach- FL 33140
D	Julio J. Zapicaz	5701 Collins Ave # 1014	Miami Beach- FL 33140

900058107359  
08/01/05--01057--009 \*\*300.00

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

7.15.05 305.279.3686

Daytime Phone #

CR2E081 (01/05)

***Claudia Czetyrko C.P.A. P.A.  
7660 SW 83 Court  
Miami-Florida 33143  
Ph.(305) 279-3686 Facsimile (305) 279-1890  
E-Mail ClaudiaCPA@aol.com***

***6 July 2005***

*Department of State  
Division of Corporations*

*Document #P02000129365*

*Please accept the payment of \$300.00 for the renewal of this corporation. The directors live abroad and were not aware of the renewal process.*

*Thank you,*

  
*Claudia Czetyrko*