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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN -3 AM 11:32

DOCUMENT # P03000031831

1. Corporation Name
Pedraza & Associates Appraisers, Inc
12242 SW 148 Terrace
Miami, Florida 33186

2. Principal Office Address
12242 SW 148 Terr

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

Zip
33186

Country
USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida 3/19/03

5. FEI Number 04 3748161

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
FRANK M. Pedraza
Street Address (P.O. Box Number is Not Acceptable)
12242 SW 148 Terrace
Suite, Apt. #, Etc.
City
Miami
State
FL
Zip Code
33186

000062009740
01/06/06--01055--009 **300.00

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	PEDRAZA, FRANK M.	12242 SW 148 Terr	Miami FL 33186

REINSTATEMENT 04-05

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: X [Signature] X 12-28-05 X (305) 992-7607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

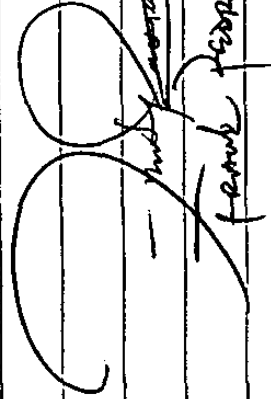
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12.28.85

As per our conversation,

I am enclosing a check for \$300.
to reimburse my corporation, PERMAN?
Associates Appraisers, Inc.

While preparing a tax return, it
was discovered that the corporation
had been dissolved. I did not
receive a post card or form in the
mail, and as it was my first time,
I was unaware that I had to do
this.


— Frank Perpan
Frank Perpan