PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORAT ISTATEM	(20 E-1 ± 1/1 = 0)	8	DEPART Secretary SION OF C	y of S		Ē			TLED -8 PM R	2: 19
DOCUMENT # P03000156029 1. Corporation Name							y -	ULUMLÍ AMÍ OF STATE TALLAHASSEE, FLORIDA			
PGE Holdings, Inc.								1 01/0			33 1 **300.00
	N. Ba	3. Mailing Office Address					REII	VSTAŢĘ	MENT E081 (1/07)	07-08	
Suite, Apt. Suite	#, etc.	Suite, Apt. #, etc.						porated or Qualificiness in Florida	ed 12/2:	3/03	
City & State Miami, Florida			City & State					う でもちった Applied For			
^{Zip} 3313	3132 Country USA		Zip		Cour	ıtry		6.	OF STATUS DESI		Not Applicable Additional Fee required a Certificate of Status
7. Name and Address of Current Registered Agent											
Edward Peters								The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
1717 N. Bayshore Drive											
Stuffe 13142							ŀ				
Miami, Florida					State 337532						
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- Signature of Registered Agent REGISTERED AGENT MUST SIGN								Date 12/31/07			
9. Names	s and Street A	ddresses of Each Officer and	or Director (Flo	rida nonpro	fit corp	orations must list a	at leas	st 3 directors)		-	
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director					City / State / Zip		
PD	Edward Peters			1717 N. Bayshore Drive				Drive	Miami, Florida 33132		
	MILIO										
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 contained in Chapter 119, 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 cath.											
SIGNATURE: SUMMED LETTERS 12/31/07 305 379-4824 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Devine Phone #											