

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 31 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000001378

1. Corporation Name
PTRANCO, INC.

~~W08-19809~~

2. Principal Office Address - No P.O. Box #
280 S. STATE ROAD 7

Suite, Apt. #, etc.

City & State
HOLLYWOOD, FL

Zip Country
33023 USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT GR2E081(12/07) 06-08

4. Date Incorporated or Qualified To Do Business in Florida 01/03/2005

5. FEI Number 11-3738577 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
PETER B. TRAN

Street Address (P.O. Box Number is Not Acceptable)
5012 NW. 45th AVE.

Suite, Apt. #, Etc.

City State Zip Code
Coconut Creek FL 33073

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.

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 PETER BEN TRAN
REGISTERED AGENT MUST SIGN

Date 03/16/2008

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	PETER B. TRAN	5012 NW. 45 th AVE.	Coconut Creek, FL 33073

500120854165
04/09/08--01045--011 **300.00
500120854165
03/20/08--01047--004 **158.75

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 oath.

SIGNATURE: Peter Ben Tran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/08 (954) 989-0308
Date Daytime Phone #