


H12000306371 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 12 DEC 31 PM 6:00

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000003481

1. Corporation Name

**Picorp, Inc.**

REINSTATEMENT 2012

2. Principal Office Address - No P.O. Box #  
**360 Solano Prado**

3. Mailing Office Address  
**360 Solano Prado**

City & State  
**Coral Gables, Florida**

Zip Country  
**33156 USA**

4. Date Incorporated or Qualified To Do Business In Florida  
**11/04/1992**

5. FRI Number  
**850405142**

6. CERTIFICATE OF STATUS DESIRED  **75** Addition of Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**Robert Fine**

Street Address (P.O. Box Number is NOT Acceptable)  
**11440 N. Kendall Drive**

Suite, Apt. #, etc.  
**Suite 201**

City State Zip Code  
**Miami FL 33176**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0603 or 617.0503, F.S.

Signature of Registered Agent *Robert Fine* Date 12.31.12

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

T/Off	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Isabel Fine	360 Solano Prado	Coral Gables, Florida 33158
VP/S	Robert Fine	360 Solano Prado	Coral Gables, Florida 33158

10. E-mail Address: isabelfine822@gmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I agree that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.105, F.S.

SIGNATURE: *Robert Fine* **ROBERT FINE VP** 12.31.12 305.525-0826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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DEC 31 2012  
D. BUTLER

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations  
Fax Number : (850) 617-6384

From:

Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

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CORPORATION REINSTATEMENT  
PICORP, INC.

Certificate of Status	0
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