PLEASE READ	ALL INSTRUCTIONS	BEFORE COM	IPLETING THIS FORM.
APPLICATION FOR	FLORIDA DEPARTMEI Sandra B. Mor Secretary of S	NT OF STATE	
REINSTATEMENT DIVISION OF CORPORATIONS			FILED
0 -	000 21818	(1)	**
1. Corporation Name PEPPERCAST INTE	ENATIONAL	INC. 9	100 to the D 2.1
10710100101 Jimos	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ECRETARY OF STATE J.LANASSEE, FLORIDA
Principal Place of Business 1326 S.W. 124 St.	Mailing Address 13:261 SW 1		
MIAMI, FLA. MIAMI, FLA.			REINSTATEMENT 94- 97
33186		•	mwb
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If	Applicable4_[Date Incorporated or Qualified To Do Business in Florida 3/17/93
Suite, Apt. #, etc.	Suite, Apt. #, etc.		FEI Number Applied For
MIAMI, FLA.	City & State MI, F-LA	4, 6.	05-0423729 Not Applicable
zip33173 Country DADE	Zip 33/73 Country	·	CERTIFICATE OF STATUS DESIRED 7 38.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/ Name of Officers		ations must list at least 3 di eet Address of Each	irectors)
Title(s) and/or Directors	3 (Do NOT Us	licer and/or Director se Post Office Box Numbe	rs) City / State / Zip
RESIDENT DRIANDO PINIT	ENTA 70109	WIDEPL	MIAMI, FLA. 33/73
			3000021227332 -03/24/9701205002 ***1253.75 ***1253.75
		<u>'</u>	
Name and Address of Current Registered Agent Name Name			lame and Address of New Registered Agent
RALPH KOCHETEAU, ESQ.		Street Address (P.O. Bo	DX Number is Not Acceptable)
5757 N.W. 115T., SVITE 160		Suite, Apt. #, Etc.	OO
MIAMI, FLA, 3:	314	City	State Zip Code
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent Registered Agent Must sign Date 107 Mar. 97			
Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No			
12. 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: S			
SIGNATURE: WWW JAMES OF THE CONTROL OF THE STATE OF THE S			

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