

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

01 FEB 16 AM 9:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000032655

1. Corporation Name

P & R Equities of Florida, Inc.

2. Principal Office Address

1717 N. Bayshore Dr.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

City & State

Miami FLA

City & State

FL

Zip

33132

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0413047

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Dennis R. Bedard

200003746712--1

Street Address (P.O. Box Number is Not Acceptable)

1717 N. Bayshore Dr.

02/22/01 01000-028

****908.75 ****908.75

Suite, Apt. #, Etc.

102

City

Miami

State

FL

Zip Code

33132

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

REGISTERED AGENT MUST SIGN

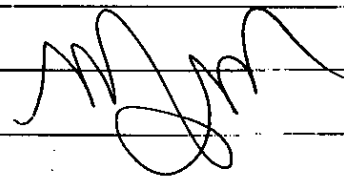
Date 2/14/01

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	GINO FALSETTO	1717 N. Bayshore Dr. Suite 102 Miami FLA 33132	

REINSTATEMENT

2006-01



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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TOTAL P.02