

APPLICATION FOR REINSTATEMENT



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

FILED

00 JAN -6 AM 11:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000027657

Corporation Name
PEREZ ENTERPRISES, INC.

Principal Place of Business Mailing Address
 349 NW 41ST ST 849 NW 41ST ST
 FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/12/1994	
City & State		City & State		5. FEI Number	
Zip		Country		65-0496614	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED	

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	PEREZ, LEONARDO	849 NW 41ST ST	FT LAUDERDALE FL 33309

500003096525--0
 -01/12/00--01081--023
 ****750.00 ****750.00

REINSTATEMENT 99 11 TS

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CALVAR, JOAQUIN R 849 NW 41ST ST FT LAUDERDALE FL 33309		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

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: *[Signature]* REGISTERED AGENT MUST SIGN
 Date: NOV. 20, 1999

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., 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]* REGISTERED AGENT MUST SIGN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *[Signature]*
 Date: NOV. 20/99 Daytime Phone #