	PLEASE READ	ALL INS	TRUCTIONS	BEFORE C	OMPLETING THIS	PARMENTALL	
APPLICATION FLOR			IDA DEPARTMENT OF STATE		-000		
FOR 99		Sandra B. Mortham			FILED		
REINSTATEMENT		Ŋ	Secretary of State		074	lou .	
D0400050044			DIVISION OF CORPOR	RATIONS	9/16	10V -1, AM 11:52	
DOCUMENT # P94000052211					SECRETARY OF CTAR		
1. Corporation Name PEDRO REALTY U.S.A., INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
-EDRO F	TEALTY U.S.A., INC.					, . c. or (15/3	
						I	
Principal Place 9010 S.W. 137T		Mailing Add 9010 S.W. 13				# anni abini b irka mbib (lab) (lab) (lab)	
100 200	·,	_SUITE 113 - # 107					
MIAMI FL 33186 Us	•	MIAMI FL 33186		•			
If above addresses are incorrect in any way, line through in 2. New Principal Office Address, if Applicable 3. N			incorrect information and enter correction below. New Malling Office Address, If Applicable		Date Incorporated or Qualific	ad .	
				To Do Business in Florida	07/14/1994		
Sulte, Apt. #, e	H10.7	Suite, Apt. #, etc.		5. FEI Number 65-050439	4 Applied For		
City & State		City & State		007000439	Not Applicable		
Z ip	Country Zip		Country	,	6. CERTIFICATE OF STATUS DES	SIRED S8.75 Additional Fee required for a Certificate of Status	
7. Names and	Street Addresses of Each Officer and	I/or Director (Fi	lorida nonprofit corpora	tions must list at lea	st 3 directors)		
Title(s)	Name of Officers and/or Directors		Offi	et Address of Each	İ	City / State / Zip	
1 [2	2		3 (Do NOT Us 5303 SW 152ND P	se Post Office Box N	lumbers) 4		
·	conomo, zoida	0000 347 102ND FE OI		COIII	MIAMI FL 33185		
					Comme	23409159	
					-11/0	23 4 09159 6/9701119006	
					*****	750.00 ****750.00	
					TEINSTATEMENT (94)		
				4 2	CONSERVATE OF PERSONS	ena de la companya del companya de la companya del companya de la	
						1-11	
						aujan	
	8. Name and Address of Current	Registered Ac	neni	Γ	9. Name and Address of New	Registered Agent	
Name					o, isamo ana riadico o i itori		
DE CASTRO, ZOILA P				P.O. Box Number is Not Acceptab	(AL		
5303 SW 152ND PL CIR MJAMI FL 33185			Should Not the Should S				
incum 1 C 00 100			Suite, Apt. #, Etc			\	
				City		State Zip Code	
10. I, being ap	pointed the registered agent of the ab	ove named con	poration, am familiar wi	th and accept the ot	oligations of Section 607.0505, F.	 FL	
Signature of	Lacled) (O to			1/2/97	
Registered Ag	ent		GENT MUST SIGN		Date	/3/	
11 This	corporation owes or h	ac naid ti	he current ves				
	ngible Personal Proper			Yes 🗹	No 🗀	(See other side for information on intangible tax.)	
10 and 4.4-	at I am an officer or director or the rece	duar ar tenalac :	ampoward to event-	this application as -	rayidad for in abanta, 607 or 017	E.S. I further partify that when filling	
this reinsta	tement application, the reason for diss	solution has bee	on eliminated, the corpo	rate name satisfies	the requirements of section 607.0	0401 or 617.0401, F.S., that all fees	
	ne corporation have been paid and the dication is true and accurate, and my s					07(3)(i), F.S. The information indicated	
,		-			, /	/	
	- YAA	On to	<u> 7</u> .	ila De C	oster 11/2	197 205 205-1911	
SIGNATU	IRE: SUSPATURE AND TYPED OR PA	RINTED NAME OF	F SIGNING OFFICER OR I	DIRECTOR	Dafe Dafe	Daytime Phone #	

The state of the second of the