

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

CORPORATION REINSTATEMENT

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

DOCUMENT # 094000052211

1. Corporation Name
PEDRO REALTY USA, INC.

2. Principal Office Address 10201 HAMMOCKS BLVD. Suite, Apt. #, etc. 145 City & State MIAMI, FL Zip 33196		3. Mailing Office Address 10201 HAMMOCKS BLVD. Suite, Apt. #, etc. 145 City & State MIAMI FL Zip 33196	
Country USA		Country USA	

4. Date Incorporated or Qualified To Do Business in Florida 7/14/1994

5. FE# Number 65-0504391 Applied for Not Applicable

6. CERTIFICATE OF STATUS DESIRED

REINSTATEMENT 01

7. Name and Address of Current Registered Agent

Name
ZOILA CASTRO

Street Address (P.O. Box Number is Not Acceptable)
5303 SW 152 PLACE CIRCLE
Suite, Apt. #, Etc.

City MIAMI State FL Zip Code 33185

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-12/05/01-01062--004
***750.00 ***750.00

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: *Zoila P. De Castro* Date: 11/8/2001

REGISTERED AGENT MUST SIGN

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 / Street / Zip
P	ZOILA CASTRO	5303 SW 152 CIRCLE PLACE	MIAMI, FL 33185

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)(j), 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: *Zoila P. De Castro* Date: 11/8/2001 Office Phone #: 305-385-2911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR