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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 094000056725

1. Corporation Name
PINO DIAZ DESIGN PARTNERSHIP, INC.

2. Principal Office Address
1320 ANGELA ST.
Suite, Apt. #, etc.
City & State
KEY WEST, FL.
Zip
33040 Country
USA

3. Mailing Office Address
6538 Collins Ave
Suite, Apt. #, etc.
445
City & State
MIAMI BEACH, FL.
Zip
33141 Country
USA

FILED
06 FEB 16 PM 4:14
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-06

T. Roberts FEB 20 2006

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida
8/1/94

5. FEI Number
650512502

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

7. Name and Address of Current Registered Agent

Name
DELGADO DE ARMAS, RAUL R. ESP.

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

Suite, Apt. #, Etc.
SUITE 500

City
MIAMI

State
FL

Zip Code
33131

200606070002
02/22/06--01020--014 **908.75

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 [Signature] Date 2/1/06

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 / State / Zip
P	ADA TRUESDELL	1320 ANGELA ST.	KEY WEST, FL. 33040
S	TERELA PINO	2333 BRICKELL AVE. APT 711	MIAMI, FL. 33129

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 contained in Chapter 119, 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] Date 2/1/06 Daytime Phone # 305.342.1167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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PINO-DIAZ DESIGN PARTNERSHIP¹
6538 Collins Ave. #445 Miami Beach, Fl. 33141

January 5, 2006

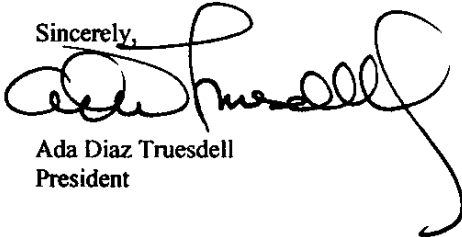
Division of Corporations
Clifton Bldg.
2661 Executive Center Circle
Tallahassee, Fl. 32301

To Whom It May Concern:

I am requesting a waiver of the reinstatement fee, if possible. The mailing office address was an old address although the officer's street addresses were correct at the time. We never received the annual report documentation.

Enclosed, you will find the annual report and supplemental fees for each year dissolved, 2001 through 2006 as requested. If you need us to send additional fees, please do not hesitate to contact us. You may email us at pinodiaz@aol.com, call me at (305)342-1167 or send mail to the above address.

Sincerely,



Ada Diaz Truesdell
President

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