PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.								
APPLICATION				NT OF STATE				
FOR	Sandra B. Mortham Secretary of State			2*** 1 1 E	man graff	1		
I DEINIGTATEMENT (NO. 2)			ON OF CORPOR		FILED			
DOCUMENT # P9400068520					97 JAN -2 AM 9: 22			
1. Corporation Name					SECRETARY OF STATE TALLAHASSEE FLORIDA			
PTC INTERNATIONAL, INC.					TÄLLÄHÄSSEE FLORIDA			
Principal Place of Business Mailing Add					1			
2680 HOLLYWOOD BLVD HOLLYWOOD FL 33020		HOLLYWOOD EL 33050			REINSTATEMENT W			
							9.	5-96
If above addresses are incorrect     New Principal Office Address.	ugh Incorrect Information and enter correction below.  3. New Mailing Office Address, If Applicable			DO NOT WRITE IN THIS SPACE  4. Date Incorporated or Qualified To Do Business in Florida  10/14/1994				
Suite, Apt. #, etc.		4611 SUNIVERSITY OR Suite, Apt. #, etc.						
City & State	STE 225 City & State			65-0524197 Applied For Not Applicable				
		FT. LAUDERDALE FL			6.			
Zip Country		33328 BROWARD			CERTIFICATE OF STATUS DESIRED S8 75 Additional Lee required for a Gertificate of Status			
7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least Name of Officers.)  Street Address of Each Officers.						1		
Title(s) and/or Directors 2		Officer and/or Director 3 (Do NOT Use Post Office Box to			Numbers)	4	City / State / Zip	
PD LUCIANI, MARK			07 <b>6</b> 3 LISBON S	STREET		COOPER CITY F	L 33024	
PID LUCIANI, MARK			7610 STIRLING RD HOLLYWOOD FL					FL 33023
•			<u></u>		000020477808 -01/07/9701063023 *****575,00 *****575,00			
						किकार के कि है	ிற் <i>பு க</i> ூல்கள	2010.00
Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
LUCIANI, MARK								
					P.O. Box Number is Not Acceptable)			
HOLLYWOOD FL 33020			Sulte, Apt. #, Etc.					
				City State Zip Code				иde
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 Mark Lucia Date 8/20/26  REGISTERED AGENT MUST SIGN								
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box additional information.)								
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No (See other side for Information on Intangible tax.)								
13. Lide hereby cartify that the information supplied with this filling is voluntarily furnished and rives not quality for the examption stated in Section 119 07(3)(k). Florida Statutes Light								
lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 507 or 617, F.S. I further certify that when filling 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made								
SIGNATURE: Mark Sulian MARK WIANI, PRES. 8/20/96 (954)878-1929								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deviline Phone #								