

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUL -5 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***1200.00 ***1200.00

DOCUMENT # **P94000073184**

1. Corporation Name

P.M.E. - PORT, INC.

2. Principal Office Address

1921 N.E. 197 Ter.
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 630696
Suite, Apt. #, etc.

REINSTATEMENT 99-02

City & State

Miami, FL

City & State

Miami, FL

4. Date Incorporated or Qualified
To Do Business in Florida

10/6/94

Zip

33179

Country

USA

Zip

33163-0696

Country

USA

5. FEI Number

650580241

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Pierre-Michel Elysee

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

1921 N.E. 197 Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33179-3123

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]

REGISTERED AGENT MUST SIGN

Date **July 1, 2002**

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
VP	Jeanne-Maryse Elysee	1921 NE 197th TER	Miami, FL 33179
P	Pierre-Michel Elysee	1921 NE 197th Ter	Miami, FL 33179

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)(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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pierre-Michel Elysee

Date

7/1/02 (305)682-8248

Daytime Phone #

7/1/02

CR2E081 (8/01)