
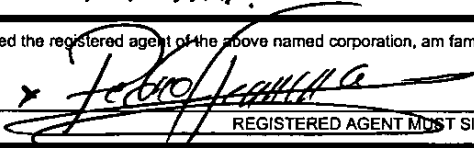
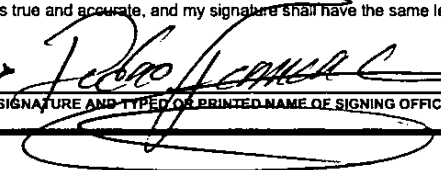


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P-95000025638			
1. Corporation Name P.E. Designs Corporation 870 N.W. 19 Ave Miami, FL 33125.			
2. Principal Office Address 870 N.W. 19 Ave.		3. Mailing Office Address Same.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL.		City & State	
Zip 33125	Country U.S.A.	Zip 33125	Country U.S.A.
4. Date incorporated or Qualified To Do Business in Florida 03/30/1995		5. FEI Number 65-0568753	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name PEONO FERRERA.			
Street Address (P.O. Box Number is Not Acceptable) 870 N.W. 19th Ave.			
Suite, Apt. #, Etc. 500056527505 06/27/05--01008--005 **151.00			
City Miami.		State FL	Zip Code 33125.
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 		Date 6/10/05.	
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
PSD	PEONO FERRERA.	870 N.W. 19th Ave.	Miami, FL 33125
VTD	EMMANA. FERRERA	870 N.W. 19th Ave.	Miami, FL 33125.
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: 		Date 6/10/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # (305) 644-7350	

CR2E081 (01/05)

To: State of Florida
Division of Corporation
P. O. Box 6327
Tallahassee, FL 32314

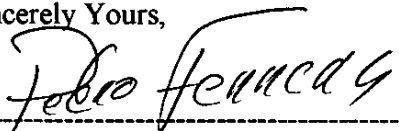
HEREBY WE CERTIFY, that we never received the forms for Annual Report for the
Year 2005 and on this base, we request from you, to please, waive the penalty for late
Filing, and enclosed please find complete form with check payable to your Order for
\$ 150.00.

Corporation Name: P.E. Designs Corporation.

Document Number: P-95000025638

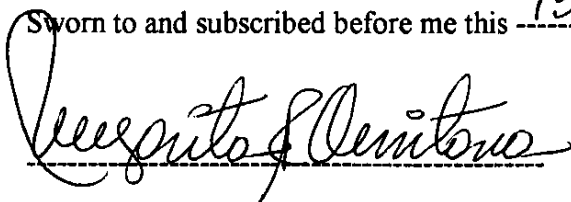
Thank you,

Sincerely Yours,



President

Sworn to and subscribed before me this 13th day of JUNE, 2005



Notary Public

