

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1996 DEC 20 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000061343

1 Corporation Name
P.T.C.I., INC.

Principal Place of Business
18031 NW 79TH AVE.
MIAMI FL 33015

Mailing Address
18031 NW 70TH AVE.
MIAMI FL 33015



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 18850 NW 67 PL Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 18850 NW 67 PL Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 08/08/1995	
City & State MIAMI, FL 33015		City & State MIAMI FL		5. FEI Number 65-0609032	
Zip 33015	Country USA	Zip 33015	Country USA	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>State Additional Fee required for a Certificate of Status</small>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SOCKOL, ANN F	18850 NW 67 PL	MIAMI FL 33015
D	FALANA, CAROLYN M	18031 NW 79 AVENUE	MIAMI FL 33015
D	CORREA, EDUARDO	1033 SW 123 PL	MIAMI FL 33184
			200002039092--6 -12/27/96--01043--026 ****175.00 ****175.00
			REINSTATEMENT 200002039092--6 -12/27/96--01043--027

8. Name and Address of Current Registered Agent FALANA, CAROLYN M 18031 NW/ 79 AVENUE MIAMI FL 33015		9. Name and Address of the Registered Agent Name Ann F. Sockol Street Address (P.O. Box Number is Not Acceptable) 18850 NW 67 PL Suite, Apt. #, Etc. City MIAMI FL State FL Zip Code 33015	
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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: Ann F. Sockol REGISTERED AGENT MUST SIGN Date: 9-18-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12 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: Ann F. Sockol SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 9-18-96 Daytime Phone #