PLEASE READ.	ALL INSTRUC	TIONS BEFORE	COMPLETING THIS FORM.		
APPLICATION FOR	FLORIDA DEPA Sandra	ARTMENT OF STATE B. Mortham tary of State			
REINSTATEMENT		F CORPORATIONS			
DOCUMENT # P95000063471			98 JUL 29 AM 10: 26		
Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
PINGUS INVESTMENTS, INC.			1		
Principal Place of Business 8015 N.W. 8 ST., #401	Mailing Address P.O. BOX 652	2721	7		
MIAMI, FL 33126 MIAMI, FL 33265					
Michael addennes are incorrent to accuracy line the	rough incorroot informati	as and estar sarrestion below			
New Principal Office Address, If Applicable	ough incorrect information and enter correction below. 3. New Mailing Office Address, if Applicable		Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		08/10/95 5. FEI Number App	lied For	
City & State	City & State		65-0600031 Not	Applicable	
Zip Country	Zip	Country	CERTIFICATE OF STATUS DESIRED THE CONTROL OF STATUS DESIRED	A ARRIVATE OF	
7. Names and Street Addresses of Each Officer a	nd/or Director (Florida n				
Title(s) and/or Directors Of		Street Address of Eac Officer and/or Directo (Do NOT Use Post Office Box	or City / State / Zip		
P/T/S D GUILLERMO CRUZ	8015	5 N.W. 8 ST#401	MIAMI, FL 33126		
D GOILLERMO CROS	8013	, N.W. D 51#401	200002606932		
			-08/04/38 - 01 059		
			****315.00 *****	15.00	
	9	17-98 75.	' (131)		
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent		
GUILLERMO CRUZ		O Partherinals Nat & Control of			
8015 N.W. 8 ST#401		<u> </u>	Street Address (P.O. Box Number is Not Acceptable) Suite. Apt. #. Etc.		
MIAMI, FL 33126		Sulte, Apt. #, Etc.			
City			State Zip Code		
10. I, being appointed the registered agent of the a Signature of	bove named corporation.	, am familiar with and accept ti			
Registered Age 2000	GISTERED AGENT MU	ST SIGN	Date		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No X On Interior				n	
filing this reinstatement application, the reason	for dissolution has been paid and the names of i	n eliminated, the corporate name individuats fisted on this form d	as provided for in chapter 807 or 817, F.S. I further certify the satisfies the requirements of section 807.0401 or 817.040 to not qualify for an exemption under section 119.07(3)(i), F.S. segal effect as if made under oath.	1, F.S.,	
	4	PRESIDENT	7/24/98 (305)275-	8248	
SIGNATURE SIGNATURE AND TYPED OR PE	Date Dayline Phone #				

Phone (305) 275-8248

July 24, 1998

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Application for Reinstatement

Gentlemen:

Pursuant to my telephone conversation of this date, at approximately 3:30 p.m., with one of your representatives, I am hereby enclosing my corporation's Application for Reinstatement, and my check in the amount of \$315.00, in payment thereof, also, as per instructions. I never received a notice from your office to renew my corporation. I had a previous P.O. Box, and never received it forwarded to the street address. Thank you for your consideration.

I regret I cannot send the financial statements requested, as there is nothing to show. My corporation has been inactive since formed in August 1995, and has no assets. I am just now getting started to become active and open a corporate bank account.

I appreciate your prompt attention to this matter.

Very truly yours,

PINGUS INVESTMENTS, INC.

Guillermo Cruz President

tcorpltr