

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P95000078359

1. Corporation Name

PC INTERNATIONAL TRADING CORP.

Principal Place of Business

4900 DYER BLVD
RIVIERA BEACH FL 33407
US

Mailing Address

4900 DYER BLVD
RIVIERA BEACH FL 33407
US

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

2. New Principal Office Address, If Applicable

6440 Garden Road
Suite Apt #, etc. Suite 6
City & State

3. New Mailing Office Address, If Applicable

6440 Garden Road
Suite Apt #, etc. Suite 6
City & State

Zip 33404

Country

Zip 33404

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/12/1995

5. FEI Number

65-0618729

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
PD	PETERSON, DARREN L	4900 DYER BLVD 6440 Garden Road	RIVIERA BEACH FL 33407 33404
VPD	SULIVAN, PATRICK T	4900 DYER BLVD 6440 Garden Road	RIVIERA BEACH FL 33407 33404
			900003066159--0 -12/10/99-01009-011 ****550.00 ****550.00
			900003066159--0 -12/10/99-01009-012 ****200.75 ****200.00

8. Name and Address of Current Registered Agent

SULIVAN, PATICK
4900 DYER BLVD
RIVIERA BEACH FL 33407

REINSTATEMENT

9. Name and Address of New Registered Agent -1

Name Darrell Peterson
Street Address (P.O. Box Number is Not Acceptable) 6440 Garden Road
Suite Apt #, etc. Suite 6
City Riviera Beach State FL Zip Code 33404

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-14-99

11. 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

Date

10-14-99

Daytime Phone #

FILED

99 NOV 29 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

