PLEASE REA	O ALL INSTRUCT	IONS BEFORE CO	MPLETING THIS FORM.	
APPLICATION FOR REINSTATEMENT	Sandra Secreta	RTMENT OF STATE  B. Mortham  ary of State  corporations	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # P96000032612			97 OCT 29 PM 3: 04	
1. Corporation Name PC HEADQUARTERS, INC.			yntn	
			16/29	
Principal Place of Business  8018 NW 72 NVE  MIAMI FL 93193	Malling Address  2018 NW 72 AVE  MIAM! FL 33122	uft st.		
30/2 NW. 72 AVE.  MIAMI, CL. 33/22  If above addresses are incorrect in any way, line	SLOD # 1926 Embrake Through incorrect information	FL. 3302 spand enter correction below.	INSTATEMENT 97	
2. New Principal Office Address, If Applicable 30/2 N·W· 72 Av		ddress, if Applicable 4.	Date Incorporated or Qualified To Do Business In Florida 04/15/1996	
Suite, Apt. #, etc.  City & State //-	Suite, Apt. #, etc.  LUG # / City & State	1201	FEI Number Applied For	
Zip 2010 Country (1 C	PEMProke-	PINES, FL 6.	56.75 Additional Fee requ	red
7. Names and Street Addresses of Each Officer		ofit corporations must list at least 3	Total Continuate Conti	
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director Do NOT Use Post Office Box Numb		
PD SEUO, DAVID	2918 NW		MIAMI FE 33122	
-VD FERNANDEZ, JORGE JR	2918 NW	72 AVE	MIAMI FL 33122	-
SD MURRAY, JAVIER	2918 NW	172 AVE	MIAMI FL 33122	
TD MEDINA, EDEL	2918 NW	-72 AVE	MIAMI FL 99122	
P PETER RU	z 13	4-21 NW. 45		≥8′
			<del></del>	
8. Name and Address of Curr	ent Registered Agent	9.	Name and Address of New Registered Agent	=
- FERNANDEZ, JORGE JR - 2918 NW 72 AVE			TER RUZ  Box Number is Not Acceptable)	CR2E040 (8/97)
MIAMI FL 33122-		30/2 Suite, Apt. #, Etc.	NW. 72 AVE.	
		City MIAMI	State Zip Code FL 33/22	
10. I, being appointed the registered agent of the Signature of	above named corporation, am	familiar with and accept the obligation		
Registered Agent	REGISTE/IED AGENT MUS	TSIGN	Date October 24 1997	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No				
	orty tax add care			
this reinstatement application, the reason for	eceiver or trustee empowered tissolution has been eliminated the names of individuals listed	i, the corporate name satisfies the i on this form do not qualify for an e	ided for in chapter 607 or 617, F.S. I further certify that when filing requirements of section 607.0401 or 617.0401, F.S., that all fees exemption under section 119.07(3)(i), F.S. The information indicat th.	∍d

SIGNATURE: SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR