

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV 17 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000054493

1. Corporation Name
PINECREST HOLDINGS, INC.

Principal Place of Business 15955 SOUTHWEST 153 AVE MIAMI FL 33187	Mailing Address 4400 SOUTHWEST 143 AVE MIAMI FL 33187
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable 9534 SW 143 CT		4. Date Incorporated or Qualified To Do Business in Florida 06/20/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0761809	
City & State		City & State Miami FL		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
33186		33186			

REINSTATEMENT 09

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
PDS T	RAMJIT, UDDEY	15955 SOUTHWEST 153 AVE	MIAMI FL 33187
STD	BHAGWANDEEN, STEVE	15955 SOUTHWEST 153 AVE	MIAMI FL 33187

8. Name and Address of Current Registered Agent PRAKASH, RAJ 9534 SW 143 CT MIAMI FL 33186		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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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 607.0606, F.S.
Signature of Registered Agent: [Signature] **REQUIRED** Date: 11/17/99 **KE**
REGISTERED AGENT MUST SIGN

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] **REQUIRED** Date: 10/26/97 (305) 661-5887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPE2040 (8/95)