


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

98 OCT 23 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P97000054567

1. Corporation Name
PPAL INVESTMENTS, INC.

Principal Place of Business Mailing Address
15730 N.W. 7TH AVENUE APT. 1
MIAMI, FL 33169

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

REINSTATEMENT *JB*

2. New Principal Office Address, if Applicable 290 N.W. 183rd ST. Suite, Apt. #, etc.	3. New Mailing Office Address, if Applicable 290 N.W. 183rd ST. Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 6/19/97
City & State MIAMI, FL 33169	City & State MIAMI, FL 33169	5. FEI Number 65-0767814
Zip Country	Zip Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Addtional Fee (added 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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PDS	NAKITA SAPP	290 N.W. 183rd STREET	MIAMI, FL 33169

800002672858-8
10/25/98-01115-007
****750.00 ****750.00

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8. Name and Address of Current Registered Agent NAKITA SAPP 15730 N.W. 7th AVENUE #1 MIAMI, FL 33169	9. Name and Address of New Registered Agent Name NAKITA SAPP Street Address (P.O. Box Number is Not Acceptable) 290 N.W. 183rd STREET Suite, Apt. #, Etc. City MIAMI State FL Zip Code 33169
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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 807.0505, F.S.

Signature of Registered Agent *Nakita Sapp* Date 10/22/98
REGISTERED AGENT MUST SIGN

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 807.0401 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)(f), 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: *Nakita Sapp* 10/22/98 954-961-1884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRS 6040 (12/96)