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 MAY 17 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000108090

1. Corporation Name PC3 Inc.

REINSTATEMENT 98-99

Principal Place of Business: 7705 N.W 48th St. # 120, Miami, FL 33166

Mailing Address: SAME

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

2. New Principal Office Address, If Applicable: 7705 N.W 48th St # 120
Suite, Apt. #, etc.
City & State: Miami FL
Zip: 33166 Country: USA

3. New Mailing Office Address, If Applicable: 7705 N.W 48th St # 120
Suite, Apt. #, etc.
City & State: Miami FL
Zip: 33133 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/23/97

5. FEI Number: 65-0809160 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED: X — $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	Edward Miller	7705 N.W 48th St # 120	Miami, FL 33166

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***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

Howard H. Bloom
200 S. Biscayne Blvd #4750
Miami, FL 33131

9. Name and Address of New Registered Agent

Name: Edward Miller
Street Address (P.O. Box Number is Not Acceptable): 7705 N.W 48th St #120
Suite, Apt. #, Etc.
City: Miami State: FL Zip Code: 33166

CR2E091 (12/98)

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: Edward Miller — REGISTERED AGENT MUST SIGN
Date: 5/12/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes X 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 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: Edward Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/12/99 Daytime Phone #: 3055921170