

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-09/18/02--01067--017  
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REINSTATEMENT 00-02


<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> P980000 52777			
<b>1. Corporation Name</b> Pottery Kingdom International Corp			
<b>2. Principal Office Address</b> 11555 US # 1 Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 11555 US # 1 Suite, Apt. #, etc.	
<b>City &amp; State</b> North Palm Beach, Florida		<b>City &amp; State</b> North Palm Beach, Florida	
<b>Zip</b> 33408	<b>Country</b> Palm Beach	<b>Zip</b> 33408	<b>Country</b> Palm Beach

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 06/12/98	
<b>5. FEI Number</b> 65-0519377	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

**7. Name and Address of Current Registered Agent**

<b>Name</b> Albert Barrera		
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 11555 US # 1		
<b>Suite, Apt. #, Etc.</b>		
<b>City</b> North Palm Beach	<b>State</b> FL	<b>Zip Code</b> 33408

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

**Signature of Registered Agent**  **Date** August 16, 2002

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Albert Barrera	22 Teach Road	North Palm Beach, FL 33408
PRES	Patricia Barrera	22 Teach Road	North Palm Beach, FL 33408

**10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08/16/02

gs 9/16/02

CR2E081 (9/01)