PLEASE READ ALL INSTRUCTIONS BEFORE COMPL

FILED
Jan 21, 2003 8:00 A.M.
Secretary of State

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800010416828
01/22/03--01046--008 **908.75

DOCUMENT # P99000050250

1. Corporation Name
PC AT HOME ENTERTAINMENT, CORP.

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
3785 NW 82 Avenue	3785 NW 82 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ste. 317	Ste. 317
City & State	City & State
Miami, Fl.	Miami, Fl.
Zip / Country	Zip / Country
33166 / USA	33166 / USA

4. Date Incorporated or Qualified To Do Business in Florida 6/3/99

5. FEI Number 65-0924540 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED (TERMS: $0.00 Additional Copies $0.00 Certified Copy)

7. Name and Address of Current Registered Agent

Name: VIDAL SANTOS

Street Address (P.O. Box Number is Not Acceptable): 3785 NW 82 Avenue

Suite, Apt. #, Etc.: Ste 317

City: Miami | State: FL | Zip Code: 33166

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: [signature] Date: 1/17/03
REGISTERED AGENT MUST SIGN

C22E091 (10/02)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Vidal Santos	3785 NW 82 Avenue #317	Miami, Fl 33166
VPD	Carlos Figueroa	3785 NW 82 Avenue #317	Miami, Fl 33166
STD	Michael T. Haines	99 Ingram Drive	Toronto Ontario-Canada

10. I certify that I am an officer or director of 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 exception 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] Vidal Santos, Pres 305-323-3794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gf 1/23