PLEASE READ	ALL INSTRUCTIONS BEFORE (COMPLETING THIS FORM.
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations	FILED 03 JAN 30 AM II: 17
DOCUMENT # P99000077420 1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Personalized Computers, Inc.		
2. Principal Office Address 10151 University Blue		
Suite, Apt. #, etc. Suite 217	Suite Apt. #, etc. Suite 217	4. Date Incorporated or Qualified To Do Business in Florida 08/24 / 1999
ORLANDO Florida Zip Country	City & State Orlando Florida Zip Country	5. FEI Number Applied For 593600081 Not Applicable
32817 % Orange	32817 Orange	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Street Address (P.O. Box Number is Not Acceptable) / O8 / 3 OAK Glen Circle Suite, Apt. #, Etc. City City City City State State State Zip Code FL 32817 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 REGISTERED AGENT MUST SIGN		Date//2-3/03
Name of	or Director (Florida nonprofit corporations must list at lea	ist 3 directors)
Officers and/or Directors	Officer and/or Director	City / State / Zip
P/T RAFAEL A. Cord	ero 10813 OAKGlenCir	Circle ORLANDO FL. 32817
19/5 Maritza Corde	vo 10813 OAK Glen	Circle ORIANDO FL. 32817
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** Daytime Phone #		

p 1/31

10151 University Blvd Ste 217 Orlando, FL 32817

January 23, 2003...

Reference:

DOCUMENT NUMBER - P99000077420

FEI NUMBER - 593600081

DATE FILED - 08/26/1999

DEPARTMENT OF STATE Divisions Of Corporations P.O: Box 6327 Tallahassee, FL 32314 To Whom It May Concern:

I respectfully request that the Reinstatement fee of \$600.00 be waived due to the fact that the annual report forms were never received. I recently became aware of the corporations status. Enclosed you will find a completed Reinstatement Application along with a company check for the amount of \$450.00. This amount is for the Annual Report Fee and Corporate Supplemental Fee for the years 2001,2002, and 2003. I am aware of the process and procedures now, therefore I will be make sure this situation does not occur again. If you need any additional information please do not hesitate to contact me.

Cordially,

Rafael A Cordero

President

Personalized Computers, Inc