PLEASE READ ALL INSTRUCTIONS APPLICATION FOR 96-9 REINSTATEMENT PLEASE READ ALL INSTRUCTIONS FLORIDA DEPARTMENT Sandra B. Mor					NT OF STATE tham tate	and the second of the second o			
DOCUMENT # 395803						97 JUL -2 AM 9:53			
1. Corporation Name Pascua Flexida Corp						SECHETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address							•	7/2/9	
1845 Capital Criste NE						REINSTATEMENT 96-97			
Ao Box 12215						neivo rievieni 96-9/			
If above addresses are incorrect in any way, line through incorrect information and enter correction 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable					_	4. Date Incorporated or Qualified			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			To Do Business in Florida 2 8/12			
City & State			City & State			5-9 15	Applied For Not Applicable		
Z ip	Countr	гу	Zıp	Country	,	6. CERTIFICATE	OF STATUS DESIRED	S9.75 Additional Fee required for a Certificate of Status	
		lame of Officers	or Director (Flo	Sire	et Address of Each	1			
Title(s) and/or Directors			3 (Do NOT Use Post Office Box N		lumbers)	4	/ State / Zip		
Proce Watter Vidal J. 32 ES Pierrer						<u> </u>	Tull	I-L 32308	
Sec	Andrew Roberts			305 Meridiana		n.	Tall F	32308	
				000002231 -07/07/970 ****633.75					
						01		19800 01163002 00 ****290.00	
8. Name and Address of Current Registered Agent Name						Name and Address of New Registered Agent			
3285 Plinger Rd					Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.				
Tull FL 373 0/6					City State Zip Code				
10. I, being appointed the registered applied the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent									
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 filling 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: Walter Villal J- 7)2/97 904 2321234									